

PREVALENCE OF SEXUAL ABUSE AND PSYCHOPATHOLOGY
IN IMPRISONED WOMEN

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Jillian Scandrett

University of Canterbury

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ABSTRACT

The present study aimed to describe the prevalence of sexual abuse and psychopathology in a group of imprisoned women. Subjects (N=46) were assessed on the Diagnostic Interview Schedule and interview schedules designed to elicit details concerning prior episodes of sexual abuse. Seventy-three percent of the women had experienced at least one instance of intrafamilial/extrafamilial sexual abuse or both. Only one measure obtained a significant result and that was for high self-esteem in victims of intrafamilial sexual abuse, a finding contrary to that reported in the literature.

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Another mountain climbed.

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Chapter 1

LITERATURE REVIEW

1.1 INTRODUCTION

Increased attention has focussed on incest (and sexual abuse generally) due to pressure from a number of sources: 1. victims who are refusing to remain silent and who, alone or with other family members, are seeking assistance in increasing numbers, 2. the Women's Movement and the attention it has brought to all forms of violence against women, and 3. the Child Welfare Movement (Courtois, 1980; Finkelhor, 1984). Accompanying the rise in reported cases the problem of sexual abuse has received increasing coverage by the press and the media. More books are being written on the subject, the majority of which are first person accounts by individuals who were victims. In addition to books there have been films, television documentaries and newspaper and magazine articles. Popular attention can be ascribed not only to the discovery of the true dimensions of sexual abuse, but to the awareness that it is a different sort of problem than was once thought (Finkelhor, 1979). It is now known that a great deal of sexual abuse occurs involving close family members, particularly fathers and stepfathers. Not uncommonly abuse goes on for an extended period of time. Most victims never tell anyone about it: for example of 647 cases of such abuse, only 3.8% reported it to the authorities (Russell, 1983). With the burgeoning literature and research in this area has come an increase in awareness of the negative consequences for victims of such abuse.

Empirical investigation is on the rise. The research that has been available up until recently has contributed much to the knowledge of incest and its dynamics; however it suffered considerably from methodological problems. For example, a major difficulty is small samples: two subjects (Yorukoglu & Kempf, 1966); five subjects (Sloane & Karpinski, 1942); six subjects (Lustig, Dresser, Spellman & Murray, 1966); sixteen subjects (Bender & Blau, 1937). New methodologies, (survey studies, control group studies) that change or lessen these problems are being implemented. Their aim: to validate or dispute previous findings, increase the data base and provide information useful for prevention, treatment and social policy formation.

1.2 HISTORICAL PERSPECTIVE

Previously the victim was held responsible for instigating the abuse, being

described as exhibiting "seductive behaviour" (Bender & Blau, 1937). Bender and Grugett (1952) in their follow up study describe them as

"...presenting less evidence of fear, anxiety or guilt than might have been expected" while the original psychiatric evaluations repeatedly remarked on the children's "unusually attractive and charming personalities" and it was frequently considered to be these qualities that had contributed to their appeal as "sexual objects". It was deemed highly probable that "...the child had used his charm in the role of seducer rather than that he had been the innocent one who had been seduced"(p826).

Sloane and Karpinski (1942) suggest at least equal responsibility in their discussion of five case studies involving incest in which they conclude "...the girl was more or less compliant, despite her protestations of innocence, since sexual relations took place at frequent intervals over long periods" (p 670). These researchers often referred to their subjects in such terms as "delinquent" or "promiscuous" implying that these personality characteristics were in part responsible for the incest. Using Freudian analysis, they speak of "incest impulses" and various "ego mechanisms" aspects of some of the females' personalities and talk of the children involved in incestuous behaviours as acting out their incestuous fantasies.

Other researchers also approached the sexual victimization of children from a psychoanalytical perspective. A 1955 study by Weiss et al., cited by Vander Mey and Neff (1982) indicated that of 73 females victimized by adults "... 60.27% of the females could be deemed as participating when they did not fight, submitted passively, acted "seductively", or utilized parental conflicts for their own sexual advantages ...all remaining cases were listed as "accidental" (28.77%), or as "undetermined" (10.96%). No instances were listed as "perpetrated by adults". As in the report by Sloane and Karpinski, the emphasis was upon the females' personality traits and behaviours which might have precipitated the sexual encounter(s). This somewhat bizarre attitude was an extension of the then current perception by society and science that alcoholism, pain, premenstrual tension and the like were aspects of personality that, those with moral fibre, overcame.

1.2.1 Descriptive Terminology

With the shift in focus from the early literature which dealt almost entirely with father-daughter incest and in which the daughter was often held to be the instigator, to literature subsuming incest under the rubric of child sexual abuse, (and a growing awareness of the pervasiveness of such abuse), has come a shift in describing the population involved. Instances of sexual involvement are less likely to describe the people concerned in the non-emotive terms of father/daughter, or, as occasionally "receptive" and/or "partner" (Benward & Densen-Gerber, 1975; Nelson, 1980; Westermeyer, 1978): to a current perspective describing the older or initiating partner as variously; "perpetrator" (Mian, Wehrspann, Klajner-Diamond, LeBaron & Winder, 1986; Pierce & Pierce, 1985); "offender" (Alter-Reid et al., 1986; Mian et al., 1986, Mrazek et al., 1983); "molester" (Adams-Tucker, 1982) "abuser" (Baker & Duncan, 1985); or "exploiters" (Nelson, 1980): and the younger person as the "victim" (Bagley, 1984; Pierce & Pierce, 1985; Summit, 1983); "sexually-exploited children" (Adams-Tucker, 1982).

1.3 ISSUES IN DEFINING SEXUAL ABUSE

Defining what constitutes an act of sexual abuse is one of the most contentious issues within the area. There is no consensus among researchers and practitioners as to what acts constitute sexual abuse, what age defines a child, or even whether the concept of child sexual abuse is preferable to others such as sexual victimization, sexual exploitation, sexual assault, sexual misuse, child molestation, sexual maltreatment or child rape (Russell, 1983). Furthermore these terms have frequently been limited to sexual behaviour that occurs between adults and children. Consequently cases in which children are raped or otherwise by their peers are frequently seen as consensual experiences and as such are not defined as instances of child abuse.

It is clear that for our knowledge and understanding to be enhanced some reasonably accepted criteria need to be developed. The dimensions along which definitions can range are; the type of activity(s) involved, the age disparity between perpetrator and victim, what age appropriately defines a child, the nature of the relationship between the adult and child involved and, more recently, the issues of power and consent. The way in which the literature has dealt with definition will be reviewed in accordance with these.

1.3.1 Scientific - Legal Approaches.

Browne and Finkelhor (1986) suggest that child sexual abuse consists of two

overlapping but distinguishable types of interaction: forced or coerced sexual behaviour imposed upon a child and sexual activity between a child and a much older person whether or not obvious coercion is involved. They define "older" as a difference in ages of five years or more. Mrazek, Lynch & Bentovim (1983) defined three types of child sexual abuse: (1.) the battered child whose injuries were primarily in the genital region; (2) the child who has experienced attempted or actual intercourse or other inappropriate contact; (3) the child who has been inappropriately involved with an adult in sexual activities not covered by (1) or (2). In their study only sexual abuse by adults was included: sexual activities between adolescents and sibling incest (unless one of the siblings was an adult) were excluded.

Baker and Duncan (1985) using a broader definition suggest that a child, (anyone under 16 years) is sexually abused when another person, who is sexually mature, involves the child in any activity which the older person expects to lead to his/her sexual arousal. This might involve intercourse, touching, exposure of the sexual organs, showing pornographic material or talking about sexual things in an erotic way.

Early records of sexual abuse of children are restricted generally to cases of incest, and more specifically, instances of father-daughter incest. Further, these reports are generally incidences of sexual intercourse only. Legally, incest involves having sexual intercourse with a close relative, that is between two people who are forbidden by legal proscription to marry. However, many sexual assaults on children, whether by relatives or non-relatives, stop short of actual intercourse. This does not necessarily make the psychological trauma of the assault any less serious. More recently, while some reports may still give no definition, or only a broad general definition, there has been an effort to be more specific about the criteria used to evaluate experiences as sexual abuse. This, however, does not eliminate variation in definition, even in the area of incest. Most researchers now include as incest all forms of sexual contact, sexual exploitation, and sexual overtures initiated by an adult who is related to the child by family or surrogate family ties. These include fathers, stepfathers, grandfathers, siblings, uncles, cousins, in laws and "quasi" family: that is potential and family friends, for example mother's sexual partner (Benward & Densen-Gerber, 1975). The latter feel the "incest taboo" applies in a weakened form to all these categories in that the "partner" represents someone from whom

the child should rightly expect warmth or protection and sexual distance. The Canadian Criminal Code defines incest as sexual intercourse between parent and child; brother and sister; half brother and half sister; grandparent and child. Excluded is the common case of sex between a man and his stepdaughter which, although an offence, does not in Canadian law, constitute incest (Banmen, 1982).

A simplistic definition would describe incest in terms of sexual intercourse, perhaps accepting that oral and anal intercourse be included. However, a more thorough definition might include fondling and masturbation, inspection and handling of the genitals. Pierce and Pierce (1985) include exposure, fondling of the genitals, masturbation, intercourse and attempted intercourse. Westermeyer (1978) defined incest as: overt sexual behaviour including coitus or other activities with at least one partner aged 13 years or older, between partners too closely related to contract a legal marriage, or currently living in the same household.

1.3.2 Age

If instances of incest or sexual abuse are to avoid including those acts of sexual curiosity mutually initiated by children and adolescents, or consensual sexual experiences by adolescents with older partners, specified age differences appear relevant to determine if coercion through power or authority is present. Therefore more recently researchers are specifying ages and age differences. In 1980 the National Center on Child Abuse and Neglect (USA) defined child sexual abuse to include "contacts or interaction between a child and an adult in which the child is used for sexual stimulation of the perpetrator or another person." It may also "be committed by a person under the age of 18 years, when the person is significantly older than the victim ... or is in a position of power or control over the child" (Vander Mey & Neff, 1982).

Fromuth (1986) employs a sliding scale specifying that if the younger partner was 12 years or younger, the other partner had to be at least 16 years, and with an age gap of at least five years between the two. If the child was aged 13 years to 16 years at the time of the abuse, the partner had to be at least 10 years older.

Finkelhor (1979) dealt with this issue by increasing the required age discrepancy from five years in childhood (up to age 12) to 10 years in adolescence (ages 13 to 16). Furthermore, in the questionnaire Finkelhor developed, inquiry about sexual abuse after the age of 12 years is restricted to experiences with relatives or experiences to which the subject did not consent. Russell (1983) also

made modifications in the definition of sexual abuse for adolescent victims. Extrafamilial (other than members of family) sexual abuse between the ages of 14 years and 17 years was limited to instances of completed or attempted forcible rape. However, the definition of intrafamilial (family or pseudo-family) abuse remained the same regardless of the victim's age.

Wyatt's (1985) definition of abuse differentiated between childhood and adolescent victims in the terms of the issue of consent. For instances occurring when the victim was 12 years or younger and involving an older partner, experiences were considered abusive even if the subject consented to participate. For incidents occurring between the ages 13 years and 17 years however, voluntary experiences with older partners were not defined as sexual abuse.

1.3.3 Definition of "child":

While the need to define the parameters for age disparity between the child and the abuser is being recognized there is as yet little consensus about the upper age limit that defines a "child" when looking at instances of sexual acts that may be described as abusive. From studies which talk of such abuse "as a child" (Kercher & McShane, 1984), with no defined limit, variation in recent literature includes 15 years and younger (Baker & Duncan, 1985; Mrazek et al., 1983; Silbert & Pines, 1981); 16 years and younger (De Jong, Hervada, & Emmett, 1983; Finkelhor, 1979; 1984); 17 years and younger (Child Abuse & Neglect Publications, 1981; Russell, 1983; Wyatt & Peters, 1986).

1.3.4 Type of abuse

Conceptually, type of sexual abuse, and by implication, the seriousness of the abuse, have been ranged upon two major dimensions. Firstly with respect to relationship between the perpetrator and the victim, for example whether the abuse occurs within or without the context of the family. Secondly, type of abuse/seriousness has been seen to vary according to the type of act(s) involved, for example touching versus abuse involving exposure alone.

With the increase in reporting of both incest and sexual abuse bringing greater societal awareness, and the continued social change such as divorce, single parenting and reconstructed families as a result of remarriage or cohabitation, a trend in more recent studies has been to cover both forms of sexual abuse. It is thought likely, but not proven, that intrafamilial sexual abuse is more traumatic than extrafamilial child sexual abuse, and the issue of whether or not sexual contact was wanted or not is much more complex in

intimate relationships. For this reason Russell (1983) used two stringent definitions in her study of 930 randomly selected sample of adult women in San Francisco. Russell defined extrafamilial child sexual abuse as "one or more unwanted sexual experiences with persons unrelated by marriage, ranging from petting (touching of breasts or genitals or attempts at such touching) to rape, before the victim turned 14 years, and completed or forcible rape experiences from the age of 14 to 17 years inclusive." A broader definition for intrafamilial child sexual abuse included "any exploitive sexual contact that occurred between relatives, no matter how distant the relationship, before the victim turned 18 years old". Experiences involving sexual contact with a relative that were wanted and with a peer were regarded as non-exploitive, for example, sex play between cousins or siblings of approximately the same age. An age difference of five years was the criterion for peer relationship.

1.3.4 Power

As mentioned in the introduction, one of two more recent dimensions that are being thought pertinent to any understanding of the nature of sexual abuse is that of the role that power - real or assumed - has to play in such relationships; intrafamilial and extrafamilial. Currently responsibility is more likely to be attributed to the psychopathology of the offender than to the child, or to the collusion of the non-offending caretaker in the cases of father-daughter incest. More emphasis is being placed upon the perpetrator's exploitation of power and authority vis-a-vis the child's subordinate position (Alter-Reid et al., 1986; Finkelhor, 1984).

Sgroi (1982) suggests that

"...inevitably, the offender's power position in relation to the child victim and the child's perception of his or her subordinate role are the principal determinants of what occurs, whether or not the activity is kept a secret" (p2).

She suggests it is far more appropriate to regard child sexual abuse as a "power problem" as opposed to a "sexual problem" and therefore an aspect of either sexual deviation or an aberration. There are parallel changes in view with respect to adult sexual assaults (eg. Freund & Blanchard, 1986).

1.3.5 Consent

A further dimension of current awareness is the issue of informed consent. Finkelhor (1984) suggests that informed consent requires not only knowledge but

the ability to resist successfully if the choice is to demur. This view is consistent with that taken towards mental health legislation particularly with regard to treatments such as medication and Electroconvulsive Therapy. Pettis and Hughes (1985) bring in the issue of consent when they suggest that sexual abuse is the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, to which they are unable to give informed consent, or that violate the social taboos of families.

1.4 PREVALENCE

The problems of both different definitions and methodologies contribute to the wide range of prevalence reported. Wyatt and Peters (1986) suggest that the use of face to face interviews is associated with higher prevalence rates than the use of self-administered questionnaires. Secondly, higher prevalence rates are reported in studies that use multiple questions to ask about specific types of abusive sexual behaviour (e.g. Russell, 1983).

As recently as ten years ago incest and other sexual abuse of children were regarded as uncommon problems but in the last two years more and more instances are being reported, involving ever younger children. Estimates of the prevalence of such abuse have been revised upwards for both males and females with figures varying from 12% females and 8% males (Baker & Duncan, 1985); 1 in 5 females and 1 in 10 males (Finkelhor, 1980); and 1 in 2.6 females and 1 in 9 males (Alter-Reid et al., 1986).

Two recent estimates of the prevalence of sexual abuse of children are available from random samples of the United States population. Finkelhor (1984) surveyed 521 adult men and women in the Boston area. Twelve percent (15% of the women and 6% of the men) had suffered sexual abuse as children or adolescents both within and outside the family. Using definitions that differed on the following dimensions: (a) gender interviewed, (women only); (b) upper age limit; (c) restrictions on incidents occurring during adolescence with non-family members, and (4) focussing on the unwanted or exploitive nature of the sexual experience as criteria for abuse as opposed to age discrepancy between victim and perpetrator, therefore excluding peer experiences. Russell (1983) surveyed 930 adult women in the San Francisco area. Sixteen percent of her respondents reported at least one experience of intrafamilial sexual abuse before the age of 18 years, and 12% of these women had been abused by a relative before they were 14 years old. Using the more stringent definition for extrafamilial

abuse, 31% of the random sample reported at least one experience of sexual abuse by a non-relative before the age of 18 years, 20% of whom had been so assaulted before they were 14 years old. When both categories are combined, 38% (357) reported at least one experience of intrafamilial and/or extrafamilial sexual abuse before the age of 18 years, and 28% (258) reported at least one such experience before they were 14 years old.

Kercher and McShane (1984) mailed a questionnaire to a representative sample (2,000) of the adult population in Texas. From the 53% return rate childhood sexual victimization was reported by 7.4% of the respondents of which female victims comprised 82%. Baker and Duncan (1985) found that of 2019 men and women aged 15 years and over who were interviewed as part of a Market and Opinion Research survey of a nationally representative sample of Great Britain, 10% reported that they had been sexually abused before the age of 16 years, (12% of females; 8% of men). A survey of British professionals, (family doctors; police surgeons; paediatricians; child psychiatrists), with a response from 622, identified 1072 cases in a one year period, leading to an estimate of 3 per 1,000 children as being abused at sometime in their childhood (Mrazek et al., 1983). Without indicating how he reaches his figure Bagley (1984) offers an estimate for Canada of at least 5% of all females having experienced a traumatic sexual assault within the family context before their sixteenth birthday; an estimate he considers, and is likely to be, conservative.

1.5 IMPACT

Several studies suggest that the sexually abused child will be adversely affected by the experience. In general, research into the effects of such abuse has been of two types: (a) symptomatology of the victim as reported in case notes, court data, or interviews at the time of disclosure/intervention or treatment, and (b) adult retrospective studies. This requires the effects of such abuse to be reported in two ways: (a) short-term effects which are those the victim experiences or displays during and/or immediately after the abuse and its disclosure; and (b) long-term effects which are those behaviours, attitudes or opinions that the victim displays years after the incident(s) of sexual abuse (Vander Mey & Neff, 1982). Browne and Finkelhor (1986) in a review of the research on the impact of child sexual abuse prefer the use of the term "initial effects" suggesting that "short-term" implies that the reactions do not persist, an assumption that has yet to be substantiated. Further, they define initial effects as

those reactions occurring within two years of the termination of the abuse.

There is relatively little empirical evidence regarding the psychological impact of sexual molestation on the child. It is a difficult issue to address with any experimental and conceptual rigour particularly when it comes to trying to draw direct causative links between past abuse and adjustment difficulties some years later. What little data that does exist tends to be contradictory although it is currently thought that such abuse can have a permanent effect on its victims in the form of disturbed self-esteem and inability to trust in intimate relationships (Meiselman, 1978; Finkelhor, 1979; Tsai, Feldman-Summers & Edgar, 1979).

1.5.1 Short-Term Effects

It has been reported that molested children are likely to experience negative emotional reactions such as depression, guilt, withdrawal, anxiety, shame and/or loss of self esteem (Adams-Tucker, 1982; Bagley, 1984; Benward & Densen-Gerber, 1975; Carmen et al., 1984; Mian et al., 1986; Sgroi, 1982; Silbert & Pines, 1981; Sloane & Karpinski, 1942; Summit & Kryso, 1978). Sexual molestation has also been linked to phobias, sleep problems and nightmares, (Adams-Tucker, 1982; Bagley, 1984; Mian et al., 1986); disruptive behaviour, clinging and fearfulness (Mian et al., 1986) and running away (Adams-Tucker, 1982; Benward & Densen-Gerber, 1975).

Adams-Tucker (1982) examining the proximate effects of sexual abuse on 28 children aged between two years and sixteen years found that by correlating their chief complaints with greater emotional disturbance, as indexed by diagnosis, disposition and severity level, six clusters of complaints were apparent. In order of decreasing severity these were; (1) self-destructive/suicidal, as well as withdrawal/hallucinations; (2) aggression, sex-related complaints and running away; (3) problems concerning school and oppositional difficulties with parents, siblings, or peers; (4) anxiety; (5) psychosomatic complaints; (6) sleep-related complaints. Many of the younger children were hospitalized, debilitated by panic that affected their functioning at school; with siblings, peers and parents; and their sleep and bodily functions.

Further negative reactions including confused or little sense of identity and disruption of normal development are postulated (Benward & Densen-Gerber, 1975; Courtois, 1979; 1980). Porter, Blick and Sgroi (1982) note the following consequences of sexual abuse: (1) "Damaged goods" syndrome, (2) guilt, (3) fear, (4) depression, (5) low self-esteem and social skills, (6) repressed anger and

hostility, (7) impaired ability to trust, (8) blurred role boundaries and role confusion, (9) pseudomaturity coupled with a failure to accomplish developmental tasks, (10) difficulty with self-mastery and control. The first five seem to be present in all sexually abused children and the latter five seem to be specific in incest victims: Pseudomaturity and failure to accomplish developmental tasks are also reported by Gelinas (1983) and Benward and Densen-Gerber. The latter conclude that in cases of "voluntary" participation, the early sensual stimulation lead to a premature development of sexuality, without adequate means of coping with sexual tension. and in cases of forced sexual interaction, the child's ego was helpless to cope with the frustration, rage and conflict as the child cannot integrate the experience in any constructive fashion. They suggest that the consequences are: (1) disruption of normal development, with defective superego formation, (2) loss of self-esteem, unresolved grief and internalized anger, (3) difficulties in maintaining healthy interpersonal relations.

In a study of 125 children, 6 years and under, who presented to an acute care hospital because of sexual abuse, two thirds exhibited some of the following sexual behaviours: sexual play with dolls, putting objects in the vagina and/or anus, masturbation, seductive behaviour, requesting sexual stimulation and age-inappropriate sexual knowledge (Mian et al., 1986). While subjectively it seems likely that such behaviour is indeed related to sexual abuse, as long as normative data (i.e. the proportion of non-abused children who exhibit similar behaviours) is largely lacking, it is difficult to attribute this to the abuse per se. However, Browne and Finkelhor (1986) citing the Tufts (1984) study indicated that 27% of four to six year old children who had been victimized or revealed their victimization in the prior 6 months, scored significantly above the clinical and general population norms on a sexual behaviour scale that included open masturbation, excessive sexual curiosity and frequent exposure of the genitals. Thirty six percent of the seven to 13 year olds in the same study also demonstrated high levels of disturbance on the sexual behaviour measure when contrasted to the norms for their cohort.

Assessing factors that appeared to contribute to severity of emotional disturbance at the time of presentation Adams-Tucker (1982) concludes that;

"...on a continuum a composite portrait of augmented emotional disturbance was found in [the 28 children studied] using the following factors, in decreasing order of importance: being female;

being unsupported by a close adult; being molested by one's father (and being molested by more than one relative);
 being genitally molested; and having a presenting complaint of suicidal, withdrawn, runaway, aggressive, and sex-related behaviours ... emotional disturbances were more severe when
 (1) the abuse began at an early age and was longstanding and
 (2) when the abused child was a teenager even though the abuse may have been limited to one time and may have been recent."(p1255).

Discussing subsequent developments and possible effects, Sloane and Karpinski (1942) citing Abraham suggest that in children, as opposed to adolescents, sexual traumas cannot be regarded as the cause of mental disease, but that they may merely exercise an influence on the form taken by it. The "traumatic" aspect furthermore loses some of its significance when it is realised that the child itself often unconsciously desires the sexual activity and becomes a more or less willing partner in the act, (p666).

It has also been argued however, that the sexual molestation has few, if any, negative effects on the child. The oft-cited report by Bender and Blau (1937) studied 16 sexually molested children aged from five to thirteen years and reported that they were not negatively affected by the experience. Fourteen of these children were located for a followup study fifteen years later by Bender and Grugett (1952), who reported that only one was "seriously disturbed". As an explanation they suggest that overt sex activity in childhood with adult partners was in one way a deflection of the normally developing sexual impulses and that such a deflection was responsive to social and clinical treatment. However, some of the others carried into adulthood diagnoses of psychopathic personality with psychoses, inadequate personality, and primary behaviour disorder. The lack of empirical measures to determine the level of symptomatology in these studies and the psychoanalytic explanation offered for the incest behaviour cast some doubt on their assertion that the victims were not negatively affected by the experience.

A similar criticism applies to the Yorukoglu and Kempf (1966) study reporting two histories of incest, from which they conclude that the children were not seriously affected by the experience. They suggest that the children had developed adequate ego functioning including defensive functions along with

the resolution of early conflicts and adequate psychosexual development prior to their having the incestual relations. They do qualify their conclusion by indicating that while the two children (aged 13 years and 17 years) showed little intrapsychic conflict at that time, it was possible that difficulties may develop in later phases of maturation.

1.5.2 Long Term Effects

Similar effects in adults who have a history of sexual abuse as a child are reported by a number of researchers. For example, a number of studies report depression, guilt, shame, and poor self-esteem (Bagley, 1984; Carmen, 1984; Benward & Densen-Gerber, 1975; amongst others). Courtois (1980) found that trust-betrayal and lack of self-esteem appeared compounded by incest experiences. Subjective evaluation of the effects of incest as having being marked or severe were indicated by eighty percent of the respondents to a public advertisement asking for victims of incest abuse to volunteer to be interviewed. (Courtois, 1980).

Researchers disagree about which aspects of character formation or pathology in patients with a history of incest/sexual abuse result specifically from the sexual abuse and which are the effects of other factors (Emslie & Rosenfeld, 1983). Discussing the difficulty of this point, Lukianowicz (1974) reporting data on 26 females aged 11 years to 33 years at the time of referral, who were involved in paternal incest, described the daughters as presenting various forms and degrees of character disorder, including disorganized and antisocial personality, with behaviours ranging through promiscuity, prostitution, alcohol abuse, drug abuse and thieving. Five of the subjects were frigid after marriage and had an aversion to sexual relations and four had symptoms that included suicidal attempts, acute anxiety states, and neuroses. Further, one girl was described as almost psychotic. Lukianowicz made the point that it was difficult to determine how much the difficulties with which these women presented were due to their early incestuous experiences as it is impossible to talk about the personalities of these girls and women before the incest took place, which, for the majority was at about eight years of age. However, Lukianowicz speculated on the type of impact the incest seemed to have made upon the developing personalities and concluded that in this respect the subjects could be divided into four groups: promiscuous (11ss); frigid (5); neurotic (4) and the group with no ill effects (6).

An obvious question arises as to what elements of the negative effects are

related to what events or processes in the incestuous abuse. Many authors have pointed out the crucial role of family pathology in incest (Lustig et al., 1966; Meiselman, 1978), and some (e.g. Meiselman) have felt that there were no discernable differences in effect between the sexual and the family elements, so the question of the long term effects of incest is unanswerable.

The majority of studies describing the seriousness of child sexual abuse use clinical evidence to support this belief. However it is important to note that conclusions from clinical samples may be misleading as the sample may be skewed and not representative of the vast majority of children who have had sexual contact with adults. It is also possible that the long term effects seen in these cases are a function not of the sexual abuse but of other pathological elements, such as psychological abuse, parental neglect, or family disorganization (Finkelhor, 1984).

Fromuth (1986), reporting results of a study of the sexual experiences of childhood on current psychological and sexual adjustment in a volunteer group of college women, found little evidence that a history of sexual abuse made a unique contribution in predicting later psychological adjustment. However, there was some evidence that the sexually abused, (22% of the 482 respondents), did tend to experience a wider range of sexual activity, and were more sexually active than the non-abused. They were also more likely to describe themselves as promiscuous, although their increased sexual activity was not thought by the researcher to be of the extent that would typically be considered promiscuous or deviant. It was hypothesized that the finding seemed to suggest that a woman's self-concept, rather than her actual behaviour, is affected by the sexual abuse, although there was a lack of relationship found between a history of sexual abuse and scores on the Sexual Self-Esteem Scale. However the average age (19 years) of the subjects of this study may ameliorate these results as the long term problems reported by other samples may not yet be in evidence.

Tsai et al., (1979) compared 60 subjects divided into three groups; (1) sexually abused and sought treatment (clinical group); (2) sexually abused but not having sought treatment (nonclinical group); and (3) non-abused (control group), and came to the conclusion that not all molested children will experience adult maladjustment. This study used two measures: (1) MMPI which gave profiles of the molested women in the nonclinical group as normal according to "well-accepted standards of interpretation" and which did not differ significantly

from profiles of normals, but women in the clinical group had elevated scores on the "Psychopathic Deviancy" and "Schizophrenia scales", giving a 4-8 profile; and (2) self-report measures of current sexual activities and satisfaction which they interpreted as corroborating the results of the MMPI. The clinical group differed significantly in terms of frequency of orgasm in intercourse, number of sexual partners, sexual response, and other similar measures. These results are weakened by use of the MMPI as a dependent measure. In terms of base rates for mental disorder it is unsatisfactory to administer it to a nonclinical population and expect to interpret it in the same way. The second dependent measure is more sensible and open to interpretation and comparison between groups. Tsai et al., made the observation that the impact of molestation on women in the clinical group is similar to the impact of rape on the victim several months after the assault.

Looking at reasons for differences between the clinical and nonclinical groups they found that the clinical group reported (1) later age of molestation (12 or older); (2) stronger negative feelings at the time associated with the abuse; and (3) higher frequency and longer duration of the molestation. When the nonclinical group were asked what they believed had contributed to their adjustment to the molestation two factors were suggested more frequently than all others: (1) support from friends and family members on disclosure reiterating that the victim had not been at fault, had no reason to feel guilty, and was still a worthwhile person; and (2) sympathetic and understanding sexual partners who had helped the victim to discontinue generalizing to all men the feelings of hatred and disgust for the man who had abused her.

The attitude of family and friends may well be relevant to those proponents of the view that it may not necessarily be the abuse itself that causes lasting effects, but the attitude with which such disclosure is greeted by family members, friends or people in authority; attitudes of disbelief, disgust, and suggesting overtly or covertly that the abuse was a result of the victims desire or behaviour.

An exploratory study of the impact of incest (Nelson, 1980) found that of 100 responses involving 137 incest relationships more than half were evaluated positively. Overall, as this study involved both males and females, males were more likely to evaluate their experience positively than females. Only slightly more than one fourth of the relationships reported by females respondents were evaluated as positive (Nelson, 1980).

In a sample biased by the nature of the population from which response was requested, Symonds, Mendoza and Harrell (1980) report results to advertisements in Free Press and underground newspapers in Southern California requesting replies from those who had been involved in intimate physical contact or forbidden sexual behaviour between family members. Their results, as could have been expected given the nature of the sample, indicated that in the categories of group sexual contact, as in sibling sexual contact, little guilt was felt and few harmful results were reported. It is pertinent to note that 90% of their 109 respondents were male. The main categories involved sibling sexual contact (33) and group sexual contact with more than one relative (31). One category involved father-daughter incest. Of the four respondents who qualified for this category, three were the fathers involved. Two of these fathers described their daughters as acting in a "sexually-seductive manner" towards them, a perception that leaves them free of any responsibility in the situation. Sixty percent of the respondents said that the other partner initiated the relationships, and fewer than one third had had sexual contact with younger relatives. Fifteen (13.76%) of the 109 respondents were placed in a category marked miscellaneous; these respondents were all interested in cross-dressing, transexualism, silicone injections, sex with animals, as well as reporting some form of incestuous contact. This group were not discussed in detail because the type of behaviour was thought by the authors to be more important to the respondent than the incestuous contact. Again it is pertinent to note that Symonds et al., see no relationship in such sexually deviant behaviour occurring against a background of incest.

There are those proponents of the view that sexual contact with an adult may have a positive impact on the child. Rascovsky and Rascovsky (1950) suggest that incestuous acts diminishes the child's chance of psychosis and allow for a better adjustment to the external world. This view is advocated by the Rene Guyon society, which claims that children need sex with compassionate adults to reduce a host of social problems including delinquency, suicide, gang warfare, and assault. However the literature offers no systematically obtained empirical evidence supporting this view.

1.5.3 Differential Effect by Type of Abuse

In a recent (1986) review of the literature on the impact of sexual abuse, Browne and Finkelhor found that of nine studies, only four found duration

associated with greater trauma. Three found no relation, and two found some evidence that longer duration is associated with less trauma. Consistently reported is greater trauma from experiences involving fathers, or father figures, compared to all other types of perpetrators. Further, the type of sexual activity is related to the degree of trauma. Russell (1984) found that 59% of those reporting completed or attempted intercourse, fellatio, cunnilingus, anilingus or anal intercourse, said they were extremely traumatized compared with only 36% of those who had experienced manual touching of unclothed breasts and genitals and 22% of those who reported unwanted kissing and touching of clothed parts of the body. However studies by Finkelhor (1979) and Fromuth (1983) found no consistent relation between type of sexual activity and effect.

Russell (1984) found that the majority of incest perpetrators who were parent were biological fathers (60%), with stepfathers the next largest group (33%), but explained that the comparisons may not be significant because more daughters are accessible to biological fathers than to stepfathers. However stepfathers were more likely than any other relative to abuse at the most serious level with behaviours that range from forced intercourse to nonforceful attempted fellatio, cunnilingus, anilingus, and anal intercourse.

Sedney & Brooks (1984) comparing intrafamilial and extrafamilial early sexual experiences with a control group found that early sexual experience with a family member appeared to have negative consequences over and above those resulting from just the early experience itself. Of the eighteen symptoms considered, statistically significant differences were found in both sexual-experience groups as opposed to the control group for; incidence of depression, trouble sleeping, emotional problems, thoughts of hurting self and victim of crime. Continued involvement was not found to be a prerequisite for negative effects as over half the cases reported involved one time incidents.

A volunteer sample (31 women) who had experienced incest between related or quasi-related individuals were found to be undifferentiated by variables of the experience other than younger age at onset and therapy involvement which were related to severity of response (Courtois, 1979).

Tsai et al., (1979) also found that women who had been molested as children differed substantially in terms of later adjustment. However contradicting Courtois' findings about the effect of age at onset, the women in the clinical group reported (1) a later age of molestation, (2) stronger negative feelings

associated with the molestation, and (3) a higher frequency and longer duration of molestation than the women of the non-clinical group.

1.5.4 Intergenerational Effects

Another effect on which the empirical literature agrees is the apparent vulnerability of women who have been sexually victimized as children to be revictimized later in life. Russell (cited in Browne & Finkelhor, 1986) found that between 33% and 68% of the sexual abuse victims, (depending on the seriousness of the abuse they suffered), were raped later on, compared with 17% of the women who were not victims. Fromuth (1983) found that women who had been sexually abused before the age of thirteen were likely to become later victims of nonconsensual sexual experiences. Fromuth suggests that while the source of the relationship between child sexual abuse and later victimization is unclear, a possibility may be that such women become sensitized to the issue of nonconsensual experiences and might therefore be more likely to perceive later experiences as nonconsensual.

Herman and Heishman (cited in Browne & Finkelhor, 1983) offer an alternative explanation suggesting that the sexually abused may later seek out abusive relationships in a type of repetition compulsion. This latter explanation may offer some insight into the accepted awareness of those who work in this field that the children of women who have been sexually abused are at a greater risk to being similarly treated. Sometimes by the partners the mother chooses, but also by family members who have been the molester of the mother. Perhaps a similar mechanism is involved to the known relationship between people who have been physically abused as children becoming in turn physically abusive of their own offspring, hypothesized as copying the "modelling" exhibited by their parents.

Briefly, for example, Gelinas (1983) suggests that a typical relational pattern shown by families in which incest has occurred, is the process of parentification. In this process the child comes to function as a parent, being attentive to household chores etc., and eventually, not only performing task functions, but assuming responsibility for these functions. Internalization of the role of responsibility occurs and the child's identity develops around the caretaking of others. The victim of incest is at risk of being involved again, although in a different relational context, if the relational imbalances of the family of origin that contributed to the incest remain unfaced and untreated. The victim is at risk

for contributing to a family structure which will repeat the incestuous family constellation and in which her husband will sexually abuse one or more of their daughters. The incest victim who has been forced through her parents' estranged marital relationship to take on the role of parent, including the sexual role of the mother, may in turn tend to choose a man for whom caretaking is important: i.e., men who are likely to be immature, needy and demanding. As with her parents, the birth of children may be the beginning of marital estrangement, and out of exhaustion she will begin to parentify her daughter. Gelinas suggests that the high-risk family constellation develops and incest often begins in this generation as well.

1.5.5 Undisclosed Profile

Another way in which long term effects have been talked about is the sense in which undisclosed incest underlies identified problems. While to draw a causal link between incest and the presenting problem(s) is one of some difficulty, it is speculated that the incest is driving the overt problem(s).

Gelinas (1983) discusses in depth the type of profile a previously undisclosed incest victim may present. This includes a characterological depression (often severe enough to meet the APA DSM-III criteria for dysthymic disorder), with complications and with atypical impulsive and dissociative elements. The atypical depression is likely to have strong overtones of poor self-esteem, guilt and needy depressiveness. Gelinas suggests that the underlying negative effect do not emerge in any recognizable form until after the disclosure, but that incest victims very rarely disclose spontaneously. Instead they generally seek treatment with a characteristic "disguised presentation" which, if the focus of treatment, means that the history of incest remains hidden, and the negative effects of the incest unavailable for treatment. The treatment is likely therefore to be relatively unsuccessful.

The profile of such a victim is likely to present as:

1. Chronic depression with recent exacerbation,
2. Complications of mood disorder, e.g. substance abuse, suicidal behaviour, sexual dysfunctions, poor relationships and others,
3. Atypical aspects such as dissociative elements,
4. A personal history that is likely to indicate parentification.

1.6 SPECIAL POPULATIONS

In studies of special populations a connection between child sexual abuse

and later prostitution has been found. James and Meyerding (1977) in a study of 136 prostitutes found that 55% had been sexually abused as children, and of the adolescents in the sample, 65% had been forced into sexual activity before they were 16 years old. Similarly, Silbert and Pines (1981) found that 60% of the 200 juvenile and adult street prostitutes they interviewed had been sexually abused before the age of 16 years by an average of two people for an average of 20 months. Two thirds were sexually abused by natural, step, or foster fathers. Seventy percent of the women reported that the sexual exploitation definitely affected their decision to become a prostitute. For those who did not score the exploitation as affecting their decision, an association was suggested in such responses as; "My father bought me, so who cares who else does".

Benward and Densen-Gerber (1975) in a report of 118 female drug addicts, ranging in age from 13 years to 42 years, found that 44% had histories of incestuous experiences. The 52 women reported a total of 93 different incestuous partners, 85 of whom were male. Twenty nine reported only one incestuous partner and 23 reported multiple partners, ranging from two to six with an average of 2.6. At onset 45% were nine years old or younger. Benward et al. suggest that once the incestuous barrier is broken the pathway to other forms of deviant behaviour, particularly sexual behaviour, is wide open.

Of two studies looking at the incidence of sexual abuse in psychiatric patients, Rosenfeld (1979) found that of 18 female outpatients seen in a one year period, six (33%) had a history of incest, and Carmen, Rieker & Mills (1984) found that of 188 patients, 38 (20%) had been sexually abused. Sixty-six percent (25) of these had been abused by family members with the largest group (34%) by fathers. Siblings accounted for 16% and strangers for 29%.

Accepting that it is likely there is a correlation between a background of sexual abuse and later deviant behaviour such as prostitution may be reasonable, but causation cannot be assumed until an accurate rate of incidence of childhood sexual abuse in the general population is established, at which time it will be possible to make comparisons with the incidence in deviant populations and determine if they are, in fact, higher than the norm.

To conclude from high rates of abuse in deviant populations that sexual abuse causes the deviancy can be a misleading inference. Care needs to be taken to demonstrate that the discovered rate of sexual abuse in the deviant group is actually larger than in a relevant comparison group. Further, some of the

apparent effects of sexual abuse may be due to premorbid conditions such as family conflict or emotional neglect, that actually contribute to a vulnerability to abuse and exacerbated later trauma. Other effects may be due less to the experience itself than to later social reactions to disclosure (Browne & Finkelhor, 1986).

1.7. In Summary

Short/initial effects

Browne and Finkelhor (1986) conclude from their review of the literature that there is evidence to support the presence in a proportion of the victims of sexual abuse of such initial effects as reactions of fear, anxiety, depression, anger and hostility and inappropriate sexual behaviour. My review of the literature leaves me in agreement with their cautionary statement that because many of the studies lack standardized outcome measures and adequate comparison groups, it is not clear that these findings reflect the experience of all child victims of sexual abuse, or are necessarily representative of those children currently being seen in clinical settings.

Long term effects

Browne and Finkelhor found confirmation of many long term effects in the clinical literature. For example, adults who have been sexually abused as children are more likely to manifest depression, anxiety, self-destructive behaviours, poor self-esteem, and a trend toward revictimization. Difficulty in trusting others and sexual maladjustment, avoidance of or abstention from sexual activity have also been reported by empirical researchers.

Factors contributing to severity

A summary of contributing factors indicates that while there is no contributing factor that all studies agree as being consistently associated with a worse prognosis, there are trends in the findings. Enumerated these are:

1. abuse by fathers or stepfathers has a more negative impact than abuse by other perpetrators,
2. experiences involving genital contact seems to result in more trauma for the victim,
3. presence of force seems to result in more trauma for the victim.

More tentatively Browne and Finkelhor conclude that:

4. when the perpetrator is a man rather than a woman the effect are more severe,

5. abuse by adults as opposed to teenagers is more disturbing,
6. when the family is unsupportive of the victim, and/or the victim is removed from the home the impact is likely to be more severe,
7. the impact of age at onset of sexual abuse is difficult to determine at this point,
8. as is the impact of revealing the abuse as opposed to keeping it a secret,
9. and the area with the least consensus is that of the effect duration of abuse has on impact.

Chapter 2

THE STUDY

2.1 INTRODUCTION

The stated aim of this study was to determine the prevalence of childhood sexual abuse in a volunteer sample of women prisoners. It was hypothesized that it would be higher than current estimates of prevalence for such abuse in the community. In conjunction with the investigation of sexual abuse, it was also hypothesized that the level of psychopathology was likely to be considerable given the nature of the population. A third, subsidiary aim was to examine the relationship between the incidence of sexual abuse and psychopathology. An investigation of these two areas was proposed and the Justice Department, Christchurch, was approached to gain access to Christchurch Women's Prison, which is the main institution the imprisonment of women in New Zealand.

2.2 METHOD:

The background to the study, and its purpose, were presented to a meeting of prison staff, in order that they be informed, to gain their co-operation, and to prepare them for any emotional disturbance that might be a sequelae to any discussion of the topic.

At the time of the initial individual approach to each of the women to seek their participation in this study, the prison muster was forty-six. This approach was made after four, weekly educational programmes were held within the prison, attendance at which was voluntary. The content of these programmes were as follows: Week (1) a member of the local Rape Crisis Group spoke on the effects of rape; (2) an incest survivor spoke of her experiences and quest for help; (3) a male speaker from Men Against Violence spoke of the work of this group and initiated group exercises to illustrate and illuminate stereotypical beliefs. (4) Linda Morgan spoke on the programme "Keeping our children safe" and showed excerpts from two videotapes demonstrating the work being undertaken in the general community endeavouring to create awareness and self-defence skills in children. All the programmes involved the active participation of the women.

The researcher was present during the third session and was introduced to the prisoners as a psychologist who was to do some research within the prison. The nature of the research was explained in minimal detail at the conclusion of the fourth week when it was also explained to the women that they would be

approached individually seeking their co-operation and answering any initial questions that they might have. It was stressed that while the Justice Department had given approval to the proposed study, the researcher was in no way associated with the Department or with the prison staff.

2.2.1 Interview

Because it appears that many prior surveys suffered from under-disclosure of sexual assault experiences, every effort was made to discourage this from occurring in this study. All interviews were undertaken by the researcher, with the emphasis on establishing good rapport with the respondent. All volunteers were informed of the sensitive nature of the questionnaire items: participants had the freedom to withdraw from the study at any time with impunity and to omit answering any item(s) to which they objected. While it is likely that this approach may have encouraged some of those interviewed to disclose such abuse who might have refrained if the interview and data collection had been approached differently, it is also possible that it might have encouraged under disclosure. Some subjects might have responded affirmatively to the sexual abuse questions if the interview had been structured as a forced-choice interview. The approach selected was chosen for ethical reasons.

The confidentiality of imparted information was stressed. All three questionnaires were coded numerically with the identification of each subject kept in a separate notebook. All participants were given an opportunity to ask questions before and after completing the questionnaires. The interviews lasted between one and three hours, concluding only when the interviewees described themselves as being comfortable with what was disclosed and the use to which it would be put.

The majority of the interviews were conducted in an interview room provided within the prison, with the five women in Maximum security interviewed in their cells, as directed by the prison superintendent.

2.2.2 Subjects

The twenty six women ranged in age from 18 to 45 years (Mean = 27.2 years). The prison is divided into three areas according to security. The response from each is as follows; Maximum; total muster, eight - responses, five; Medium; muster, eighteen - responses, eleven; Minimum; twenty - responses, ten.

2.2.3 Instrumentation

The instruments used were the Diagnostic Interview Schedule, Sexual History Questionnaire, and the Rosenberg Self-Esteem Scale.

The NIMH Diagnostic Interview Schedule (DIS):

The DIS (see Appendix 1) is a highly structured interview designed to make diagnoses by three systems: (1) DSM-III, the criteria published by the American Psychiatric Association in 1980; (2) the Feighner criteria, published in 1972 from the Washington University Department of Psychiatry in St Louis and (3) the Research Diagnostic Criteria, published by Spitzer, Endlicott, and Robins in 1978. The DIS was specially designed to enable lay interviewers to obtain psychiatric diagnoses comparable to those a psychiatrist would obtain from an extensive interview.

During the development of the instrument evaluation of its ability to perform the latter was obtained by conducting interviews with 216 persons, each interviewed twice: once by a lay interviewer and once by a psychiatrist, each using the DIS. The psychiatrist, in addition to giving the DIS scored their clinical impressions with respect to each diagnosis covered after the completion of administering the DIS. They then had a free question period during which they could ask any further questions they wished either to get new information, or to clarify answers obtained during the DIS interview, after which they again scored their clinical impressions. The subject population included 118 psychiatric inpatients, 19 psychiatric outpatients, 24 patients of a medical centre with no known psychiatric disorder, ten members of Gamblers Anonymous, and 26 ex-patients. Quotas required a minimum of ten positive cases for each diagnosis and no more than 20 were sought for any particular diagnosis. Minimum quota was filled for all disorders except dysthymia, for which there were nine cases.

Analysis of the results indicated that lay interviewers tended to under diagnose alcohol dependence, somatization disorder, and panic disorder by DSM-III and RDC criteria (but not by Feighner criteria), and to over diagnose DSM-III drug dependence (but not DSM-III drug dependence and probable or definite dependence by Feighner criteria). The DIS has undergone a number of revisions as questions in areas such as ego-dystonic homosexuality and trans-sexualism for example, have been cleared by inclusion the Office of

Management and Budget (U.S.). It has been, and is being used in a set of studies sponsored by the NIMH Centre for Epidemiological Studies looking to estimate the incidence and prevalence of mental disorders; to search for aetiological clues, and to aid in the planning of health care services and programmes. Further, the aim is to study treatment status which requires both treated and untreated cases. To meet this requirement the NIMH Center programme is designed to sample both household populations and people in institutions.

Sexual History Questionnaire:

The interview schedule selected was devised by Russell (1983) to elicit memories of childhood sexual abuse. Russell's use of extensive pretesting revealed that when a number of different questions are asked in a variety of ways, the chances of tapping memories stored under many different categories are greatly facilitated. For this reason, a probe of fourteen questions was developed, (see Appendix 2). The items range from questions regarding experiences of witnessing exposure of genitalia to instances of attempted or completed rape. Occasions of unwanted touching and unwanted sexual experiences with females are asked about, as is instances of violence that have aroused fears of sexual assault. Questions about sexual approaches or inappropriate sexual behaviour by people in authority, (e.g. Doctors) and the questions about sexual experiences with relatives are more specific.

Rosenberg Self-Esteem Scale:

Developed in 1965 this is a ten item measure of self-esteem (see Appendix 3). A modified version of this scale similar to that used by Fromuth (1986) was used in the present study. Specifically, all the items were scored separately, and a five point scale instead of a four-point scale was employed. With the inclusion of neutral as a response to how the subject might feel about each statement it is possible to abstain from giving a meaningful response to this scale. It is also possible to obtain a score of nought out of ten, indicating the highest possible self-esteem. The higher the figure, the lower the self-esteem indicated.

Construction of this measure was guided by the practical and theoretical considerations of (1) ease of administration, (2) economy of time for administration, (3) unidimensionality which ranks people along a continuum, and (4) face validity. While there are no "known" or "criterion" groups which

can be used to validate the scale, scores on this scale would be expected to be associated with other data in a theoretically meaningful way. In order to test this 50 normal volunteers were required to fill out various questionnaires, all of which contained the self-esteem scale. Independently of these results, nursing personnel on the wards on which the volunteers were temporarily located as inpatients, were asked to fill out Leary Scales. This consists of a series of interpersonal items designed to characterize an individual. The rater is simply asked to say whether the subject is or is not like the word or phrase presented. Further, each subject was asked to indicate symptoms on a measure of "neuroticism" developed by the Research Branch of the U.S. Army in World War 2. With each step down the self-esteem scale a larger proportion of respondents reported psychosomatic symptoms that are thought typically secondary manifestations of anxiety: trouble getting to sleep and staying asleep, hand trembling, nervousness, heart pounding, pressures or pains in the head, or headaches for example.

Rosenberg describes high self-esteem as meaning that

"... the individual respects himself, considers himself worthy; he does not necessarily consider himself better than others, but he definitely does not consider himself worse ... Low self-esteem implies self-rejection, self-dissatisfaction, self-contempt. The individual lacks respect for the self he observes. The self-picture is disagreeable and he wishes it were otherwise." (p31)

2.2.4 Definitions

For the purposes of this study sexual abuse was defined using the criteria Russell (1983) selected. That is: *extrafamilial child sexual abuse* was defined as one or more unwanted sexual experiences with persons unrelated by blood or marriage, ranging from petting (touching of breasts or genital or attempts at such touching) to rape, before the victim turns 14 years, and completed or attempted forcible rape experiences from the age of 14 to 17 years (inclusive).

Intrafamilial child sexual abuse was defined as any kind of exploitive sexual contact that occurred between relatives, no matter how distant the relationship,

before the victim turned 18 years old. Experiences involving a relative that were wanted and were regarded as nonexploitive, for example, sex play between cousins or siblings of approximately the same ages were seen as peer relationships and were discounted. An age difference of less than five years was the criterion for a peer relationship.

2.3 RESULTS:

Of the 46 women approached to take part, 29 (63%) agreed to be interviewed. Of this number three women were unable to participate as the first had been released before she was interviewed, the second was confined to the punishment block and therefore inaccessible, and language difficulties made interviewing the third woman unfeasible. Of the 26 subjects involved in this study, only one subject refused to answer some of the questions, and these were in the supplementary questions of the DIS relating to queries regarding sexual inhibition, sexual responsiveness, and sexual orientation.

Attendance at the four education programmes fluctuated with the number present the third week considerably less (16) than had been previously. However, the fourth week saw an increase to 31 women present. The alternative to attending the weekly education programmes, which in various forms is part of the standard routine of the prison, is expected and the alternative to attendance is to be locked in the cell.

2.3.1 Diagnostic Interview Schedule

Table 1 indicates DSM-111 diagnoses for all the women interviewed. To be assigned a diagnosis by the DIS, subjects were required to pass by the exclusion criteria. The numbers in brackets following the diagnosis code refer to the level of severity with (3) indicating that all criteria is met including exclusion criteria, if any. Five (5) indicates that all criteria for this diagnosis was met except diagnostic hierarchy; that is, those diagnoses that would be excluded because the symptomatology could be explained in terms of another disorder. For example, for subject 010, Obsessive-Compulsive Disorder is rated (5) because the symptomatology presented was severe enough to meet the DIS criteria. However, as the subject also was rated as meeting the criteria for Major Depression (Recurrent), it is not possible to determine if the

Ossessive-Compulsive Disorder is a separate entity or part of the symptomatology of Major Depression. For explanation of each of the diagnoses refer to the legend following Table 1.

Table 1. DIS Diagnoses for Each Subjects.

Subject.	Diagnoses.								
010	3c(3)	6a(3)	6b(3)	7a(3)	7b(3)	10(5)	17(3)	19(3)	24(5)
011	6a(3)	6b(3)	7a(3)	7b(3)	13(3)	17(3)	19(3)	21(3)	26(3)
012	2(5)	3a(5)	6a(3)	6b(3)	7a(3)	7b(3)	8(3)	10(5)	11(5)
	13(5)	15(3)	16(5)	17(3)	19(3)	21(3)	22(5)	24(3)	26(3)
013	3b(3)	6a(3)	6(b)	7a(3)	17(3)	19(3)	21(5)	24(5)	26(3)
014	13(3)	24(3)	26(3)						
015	3c(5)	6a(3)	6b(3)	7a(3)	7b(3)	10(3)	11(3)	12(3)	13(5)
	15(5)	16(3)	17(3)	19(3)	21(3)	24(3)	26(3)		
016	7b(3)	17(3)	20(5)	24(3)	25(3)				
017	6a(3)	6b(3)	17(3)	19(3)	21(3)				
018	4(3)	7b(3)	17(3)	19(3)	21(3)	22(3)			
019	3c(3)	6a(3)	7b(3)	10(5)	13(3)	17(3)	19(3)	21(5)	24(5)
020	7a(3)	7b(3)	17(3)	19(3)	21(3)	24(3)	26(3)		
021	6a(3)	6b(3)	7a(3)	7b(3)	19(3)	24(3)	25(3)	26(3)	
022	7a(2)	7b(2)	24(3)						
023	6a(3)	6b(3)	7a(2)	7b(2)	17(3)	19(3)	21(3)	22(3)	24(3)
024	2(5)	3a(5)	6a(3)	6b(3)	7a(3)	7b(3)	8(3)	10(5)	15(3)
	17(5)	24(5)	25(3)	24(3)					
025	6a(3)	6b(3)	7a(3)	7b(3)	13(3)	19(3)	24(3)		
026	6a(3)	6b(3)	7a(3)	7b(3)	17(3)				
027	3c(5)	4(3)	6a(3)	6b(3)	7b(3)	17(3)	19(3)	21(3)	24(3)
	26(3)								
028	3c(3)	6a(3)	6b(3)	7a(3)	7b(3)	10(5)	19(3)	21(5)	24(5)
	26(3)								
029	7a(3)	7b(3)	17(3)	21(3)	26(3)				

Table 1 continued

030	7a(3)	7b(3)	17(3)	24(3)					
031	2(3)	3a(3)	7a(3)	7b(3)	17(5)	21(5)			
032	3c(5)	6a(3)	6b(3)	7a(3)	7b(3)	8(3)	10(5)	11(5)	13(5)
	17(5)	18(3)	19(3)	21(3)	22(5)	23(3)	24(5)	26(3)	
033	6a(3)	6b(3)	7a(2)	7b(2)	17(3)	21(3)	24(3)		
034	3c(3)	6b(3)	15(5)	19(3)	21(5)	24(5)			
035	3a(2)	4(3)	6a(3)	6b(3)	17(3)	19(3)	24(3)		

Criteria

(2) = Not severe, exclusion criteria met, if any.

(3) = All criteria met including exclusion criteria, if any.

(5) = All criteria met except diagnostic hierarchy (exclusions).

Table 1 - Legend

DSM-111 Diagnoses

- 1 Organic Brain Syndrome
- 2 Mania (Bipolar)
- 3a Major Depressive Episode
- b Major Depression (Single Episode)
- c Major Depression (Recurrent)
- d Grief Reaction
- 4 Dysthymic Disorder
- 5 Atypical Bipolar Disorder
- 6a Alcohol Abuse
- 6b Alcohol Dependence
- 7a Drug Abuse
- 8 Schizophrenia
- 9 Schizophreniform
- 10 Obsessive-Compulsive Disorder
- 11 Agoraphobia

Table 1 legend continued

- 12 Social Phobia
 - 13 Simple Phobia
 - 14 Somatization
 - 16 Agoraphobia with Panic Attacks
 - 17 Antisocial Personality
 - 18 Anorexia Nervosa
 - 19 Tobacco Dependence
 - 20 Pathological Gambling
 - 21 Psychosexual Dysfunction
 - 22 Transexualism
 - 23 Egodystonic Homosexuality
 - 24 Generalized Anxiety Disorder
 - 25 Bulimia
 - 26 Post-Traumatic Stress Disorder
-

The percentage of subjects with each disorder (see Table 2) ranged from a low of 3.8% (1 subject) for the categories of Major Depression (single episode), Social Phobia, Anorexia Nervosa, Pathological Gambling and Egodystonic Homosexuality, to a high of 80.8% (21) for the diagnosis of Drug Dependence. As might be expected given the nature of the population involved, the criteria for Alcohol Abuse, Alcohol Dependence, Drug Abuse, Drug Dependence, Antisocial Personality, Tobacco Dependence was present in at least 65% of the women interviewed. Generalized Anxiety Disorder was diagnosed in 76.9% (20) and 61.5% (16) qualified as being Psychosexually Dysfunctional. The latter diagnosis required just one affirmative response for inclusion. Collapsing the categories of depression 46% (12) of the women interviewed had experienced depression severe enough to meet the criteria for inclusion at some time in their lives.

Table 2 Percentage With Each Disorder (actual number in brackets)

2	Mania (Bipolar)	11.5%	(3)
3a	Major Depressive Episode	15.4%	(4)
3b	Major Depression (Single Episode)	3.8%	(1)
3c	Major Depression (Recurrent)	26.9%	(7)
4	Dysthymic Disorder	11.5%	(3)
6a	Alcohol Abuse	65.4%	(17)
6b	Alcohol Dependence	65.4%	(17)
7a	Drug Abuse	69.2%	(18)
7b	Drug Dependence	80.8%	(21)
8	Schizophrenia	11.5%	(3)
10	Obsessive- Compulsive Disorder	26.9%	(3)
11	Agoraphobia	11.5%	(1)
12	Social Phobia	3.8%	(1)
13	Simple Phobia	26.9%	(7)
15	Panic Disorder	15.4%	(4)
16	Agoraphobia with Panic Attacks	7.7%	(2)
17	Antisocial Personality	76.9%	(20)
18	Anorexia Nervosa	3.8%	(1)
19	Tobacco Dependence	65.4%	(17)
20	Pathological Gambling	3.8%	(1)
21	Psychosexual Dysfunction	61.5%	(16)
22	Transexualism	19.2%	(5)
23	Egodystonic Homosexuality	3.8%	(1)
24	Generalized Anxiety Disorder	76.9%	(20)
25	Bulimia	11.5%	(3)
26	Post Traumatic Stress Disorder	46.1%	(12)

2.3.2 Sexual History Questionnaire

Of the 26 women interviewed, 73% (19) had experienced at least one instance of sexual abuse as previously defined (refer Table 5). Four of these women had been the victims of both types of abuse (Intrafamilial & Extrafamilial). One woman had been sexually abused by six different members of her family.

Thirty-four percent (9) of the subjects indicated experiencing sexual abuse involving sexual contact by a relative before the age of eighteen, and all but one incident occurred before the subjects were fourteen years old. Between them the nine subjects experienced such abuse from eighteen different perpetrators.

Extrafamilial sexual abuse was experienced by 57.7% (15) of the subjects before they age of eighteen, with 11.5% (3) experiencing abuse before they were fourteen.

In both the intrafamilial and extrafamilial categories multiple attacks by the same perpetrators are only counted once, while incidences of abuse involving multiple perpetrators in the extrafamilial category are also counted as one experience. A number of the women indicated that they had been gang raped but such abuse would therefore be recorded as one instance. With this definition fifteen women had experienced twenty incidences of extrafamilial sexual abuse before they were eighteen, five of these incidences occurring to three of the women before they were fourteen years old.

Table 3 Prevalence and Incidence of Child Sexual Abuse Across Intrafamilial and Extrafamilial Groups

	Number of Experiences		
	Women Who Had a least One Experience (Prevalence) (N=26)		of Sexual Abuse with Different Perpetrators* (Incidence)
	Sample %	Number	Number
Intrafamilial abuse of females involving sexual contact (17 years and under)**	34.6	9	18
Intrafamilial abuse of females involving sexual contact (13 years and under)	34.6	9	17
Extrafamilial sexual abuse of females involving petting or genital sex (17 years & under)	57.7	15	20
Extrafamilial sexual abuse of females involving petting or genital sex (13 years & under)	11.5	3	5

*Multiple attacks by the same perpetrators are only counted once; abuse involving multiple perpetrators are also counted as only one experience.

**Two instances of intrafamilial child abuse are included in this figure although only acknowledgement of the abuse was given, further information was declined.

2.3.3 Self-Esteem Scale (SES)

The Self-Esteem Scale has a range of possible scores from 10, indicating low self-esteem to 0, expressing high self-esteem. Table 3 gives the individual scores on this measure. The lowest self-esteem was expressed in a score of 8, and the highest self-esteem was 0. As a five-point Likert Scale was selected it was possible for any or all of the statements to be answered as neutral, indicating the subjects lack of feeling about the statement, or possibly their unwillingness to disclose themselves. Subject (023) responded as feeling neutral to all statements except one; for this reason no score was assigned.

Table 4 Self-Esteem Scale Scores (Subject number is in brackets)

(010) 3	(011) 0	(012) 7	(013) 4	(014) 0	(015) 4	(016) 3
(017) 5	(018) 8	(019) 5	(020) 2	(021) 3	(022) 2	(023) 3
(024) 4	(025) 1	(026) 3	(027) 2	(028) 5	(029) 2	(030) 2
(031) 0	*(032) -	(033) 1	(034) 4	(035) 4		

The lower the figure the higher the self-esteem. (*032 - all questions but 1 answered as neutral)

In order to compare from what little normative data is available, Table 4 is the data for the Self-Esteem Scale collapsed into the categories of High (scores 0-3 inclusive), Medium (4-7) and Low (8-10). The majority of the women interviewed (57.7%) scored as having high self-esteem while just one subject (3.8%) came within the range of low self-esteem. Nine subjects (34.6%) came within the medium self-esteem range. While the trend is similar to that of the normal population upon which the Scale was developed, in this instance a higher proportion of the subjects recorded having high self-esteem, (57.7% as opposed to 46%), and a considerably lower proportion responded as having low self-esteem, (3.8% as opposed to 24%).

Table 5 Self-Esteem Scale: Data Collapsed to Three Categories

	<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>Nonresponse</u>
Score:	(0-3)	(4-7)	(8-10)	
Number:	15	9	1	1
	(57.7%)	(34.6%)	(3.8%)	(3.8%)
Normal				
sample	(46%)	(30%)	(24%)	

2.3.4 Integration

Table 6 details, for each subject, the number of diagnoses for which they met the criteria, their Self-Esteem Score, and whether they had been sexually abused. Multiple incidences are by different perpetrators are indicated by x followed by a number e.g. subject (012) has experienced two separate incidences of extrafamilial abuse. One subject (024) stated that she had been the victim of an "inestimable number" of gang rapes. As it was not possible to determine the exact number only one instance was counted.

Table 6. DIS Diagnoses, Self-Esteem Scale Score, and Sexual Abuse

Subject	Number of DIS Diagnoses	Self-Esteem Score	Sexual Abuse	
			Intrafamilial*	Extrafamilial*
010	9	3	-	yes
011	10	0	-	yes
012	18	7	yes	yes x2**
013	9	4	yes x6**	-
014	3	0	-	-
015	16	4	-	yes
016	5	4	yes x2**	yes x2**
017	5	5	yes	-
018	6	8	yes x2**	-
019	9	5	-	-
020	7	2	yes	yes
021	8	3	-	yes
022	3	2	-	-
023	9	3	-	yes
024	13	4	-	yesx4***
025	7	1	-	-
026	5	3	-	yes
027	10	2	-	-
028	10	5	yes	-
029	5	2	-	-
030	4	2	yes x3**	-
031	6	0	-	yes x2**
032	17	-	yes	yes
033	7	1	-	yes
034	6	4	-	yes
035	7	4	-	-

*Multiple attacks by the same perpetrator are only counted once: abuse

Table 6 continued:

involving multiple perpetrators are also counted as on experience.

**The numeral indicates the number of unrelated instances of sexual abuse.

***This subject reports being the victim of an inestimable number of gang rapes of which one instance only has been counted.

Table 7 Analysis of Variance of Presence v's Absence of Sexual Abuse Across Number of DIS Diagnoses

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	Tail Prob.
Presence/Absence of Abuse	36.24	1	36.24	2.37	0.1365
Error	366.38	24	15.27		

While the mean number of DIS diagnoses is higher for the abused group (8.95) when compared to the non-abused group (6.29), this difference is not significant ($F = 2.37$, $df\ 1,24$, $p = 0.137$) (see tables 7 & 9). This is partly due to the large variability in the number of diagnoses earned by the abused group. A similar picture exists for the self-esteem scores. The mean for the abused group (3.26) is higher than for the non-abused group (2.18) (see table 9) as is the standard deviation (2.18) for the abused group as against (1.70) for the non-abuse group. The ANOVA for this main effect is also non-significant ($F = 1.14$, $df\ 1, 24$, $p = 0.30$) (see table 8).

Table 8 Analysis of Variance of Presence v's Absence of Sexual Abuse Across Scores on the Self -Esteem Scale

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	Tail Prob.
Presence/ Absence of Abuse	4.89	1	4.89	1.14	0.2968
Error	103.11	24	4.3		

Table 9 Means and S.D. for Presence or Absence of Abuse Across DIS Diagnoses and SES Scores

	Absent	Present
DIS	6.29	8.95
diagnosis	2.75	4.22
SES	2.29	3.26
scores	1.70	2.18

When type of abuse (intra or extra familial) is used as the independent variable, the number of DIS diagnoses earned is not significant across the groups ($F = 1.45$, $df 1,13$, $p = 0.25$) (see table 10). Mean scores are in the expected direction with the extrafamilial group having a higher number of DIS diagnoses (8.9 v's 6.8) (see table 12) but as for the group as a whole they also showed greater variance (standard deviation of 3.41 as opposed to 2.58) (see table 12).

Table10 Analysis of Variance of Type of Abuse (Intrafamilial v's Extrafamilial Across Number of DIS Diagnoses

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	Tail Prob.
Type of Abuse	14.7	1	14.70	1.45	0.2498
Error	131.7	13	10.13		

Counter to that hypothesised, the direction of the mean scores for self esteem across locus of abuse favours the intrafamilial group with a mean score (6.8) lower than for those subjects abused by perpetrators from outside the family (8.9) (see table 12). This difference is significant ($F = 5.55$, $df\ 1,13$, $p = 0.04$) (see table 11).

Table 11 Analysis of Variance of Type of Abuse (Intrafamilial v's Extrafamilial) Across Scores on the Self-Esteem Scale

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	Tail Prob.
Type of Abuse	17.6	1	17.63	5.55	0.0348
Error	41.3	13	3.18		

Table 12 Means and S.D. for Type Abuse Across DIS Diagnoses and SES Scores (for abused subjects)

	Intra	Extra
DIS	6.8	8.9
diagnoses	2.58	3.41
SES	4.8	2.5
scores	2.17	1.58

CHAPTER 3

DISCUSSION

The initial response rate was 63% (29) leaving 37% percent indicating that they did not wish to participate. Of this latter group a number volunteered reasons for declining to be interviewed which included anticipated release in a few days, or disinterest. It is likely that a proportion of the refusals were made by women who were antagonistic and unco-operative toward any person who appeared to be on the side of officialdom or authority. Further refusals were likely to include some women who would have responded positively to the sexual abuse questions but, because of the sensitive nature of the topic, were unwilling to revive painful memories. Confirmation of this was given indirectly by staff members who indicated that the nature and presentation of the topic the second week of the education programme (incest) aroused anxiety and created distress in some of the women, a number of whom elected to be locked in their cells as the only alternative to attending the third week's programme.

However, the obverse of this was presented when some women indicated their willingness to participate because of the nature of the topic and their assessment of the importance of it. A further group may have declined to participate because, while it was explained that all women and their histories, whether sexually abused or not, were of interest to the researcher, they may have felt their information to be irrelevant or unimportant. In this latter group may well have been some who would have registered as positive but who have no accessible memory of the sexual abuse.

While every effort was made to ask each woman individually if she was willing to participate, it is likely that, apart from those in maximum security, the women in the other two wings were not all present at the time of the approach to seek co-operation. Some indication of this was apparent when the researcher was approached by a prisoner who explained that she had heard of the study from another inmate and she wished to participate. Apparently she had been working in the kitchens when her section members were spoken to.

Given the difficulty of obtaining the ideal response rate, the figure in this instance (56.5%) while not perfect, is reasonably satisfactory. This figure is not far below Russell's (1983) response from 64% of her probability sample of women,

and is comparable also to the 53% return rate of questionnaires in Kercher and McShane's mailed response to a representative sample of the adult population in Texas. An initial approach by phone to 1310 women in Los Angeles County had a positive response from 54%, if those who terminated the call are included. Finkelhor (1979) gained a responses rate of 92% in a non-probability sample of six New England colleges and universities, and 74% in a probability sample of households in the Boston Metropolitan area (1984).

Because of the nature of the population sampled studies examining the prevalence of sexual abuse in special populations bear particular relevance. The figure of 73% responding positively for sexual abuse is higher than in some of the studies reviewed. For example, Silbert and Pines (1981) found that 60% of the 200 prostitutes they interviewed had been sexually abused before the age of 16 years. Benward and Densen-Gerber (1975) reported that 44% of the women drug addicts they interviewed had histories of incest abuse, a figure that is higher than found in this study (34%). As previously discussed, different definitions for labelling what should be included as abuse help to determine some of the differences in prevalence reported.

It seems likely therefore that the rate of prevalence reported in this study is not out of line to that found in other special groups. However, it must be reiterated that it is not possible to draw any causal links between members of special populations, (e.g. prisoners), and their history of incest/sexual abuse as there are a number of mitigating factors that can't be controlled, e.g. family background and social circumstances. Further it is not possible to know the band of error to put around a sample such as this.

While the DIS as an instrument is the most comprehensive tool currently available for abstracting psychopathology in a structured and relatively reliable way suitable for research such as this, it does limit the way in which psychopathology is measured. For example, it would be seen as a contentious and inadequate measure for those who approach the distress and disorder of women from a psychoanalytic perspective. Further, the issue of discriminating between the abused and the non-abused group using measures of psychopathology by the necessary retrospective approach is confounded by life histories that have experienced adverse circumstances other than sexual abuse. It is therefore

necessary to restate that while inferences may be possible, causal links cannot be made.

Some categories of the DIS appear to require a minimal positive response to be given for assigning the diagnosis. For example, 61% of the women interviewed met the criteria for Psychosexual Dysfunction. For this diagnosis it was only necessary to answer one question affirmatively for inclusion. An affirmative response to the question of whether there was ever a period of several months when having sex was not pleasurable, even if not painful, is all that is required. The DSM-111 requires the clinician to take into account factors that inhibit sexual drive such as age, health, intensity and frequency of sexual desire, and the context of the individual's life. The DSM-111 indicates that it is a rarely made diagnosis unless the lack of desire is a source of distress to the individual. The DIS does not readily allow for any of the above conditions.

As might be expected given the nature of the population interviewed, high percentages met the criteria for diagnoses of Alcohol Abuse (65%) and Dependence (65%), Drug Abuse (69%) and Dependence (81%), and Tobacco Dependence (65%). A number of the women were imprisoned on drug-related charges and others had long histories of drug and alcohol abuse. Also, as might be expected, a large number (77%) met the criteria for Antisocial Personality. A little less to be expected is the number who were diagnosed as suffering from Generalized Anxiety Disorder (77%). The criteria for inclusion in this category is more stringent. Collected, but not possible to report in this study, were the recency of experience of each diagnosis.

No significant difference across groups was found regarding the DIS and the only significant difference was found with self-esteem and intrafamilial sexual abuse which was contrary to the hypothesis. Counter to most references in the literature which indicate that it is thought intrafamilial sexual abuse is more disturbing to self-image and esteem in view of the boundaries such abuse crosses, this group recorded a significant difference on the Self-Esteem Scale indicating higher self-esteem than those who had experienced extrafamilial abuse. This result probably indicates the weak link between self-esteem and the distal effects of sexual abuse. Further, a number of other life factors impact on self-esteem, e.g. adverse education and failed relationships. Relevant also is the low (n) for these

groups, as the subjects who had experienced both types of abuse had to be excluded.

Conclusion

From this data can be abstracted four points.

- 1 A higher incidence and prevalence of sexual abuse amongst the subjects
- 2 A higher eligibility for DIS criteria
- 3 The Self-Esteem Scale may only indicate that some of the women are more defensive about how they present to others
- 4 It is not really possible to connect the DIS and the self-esteem dependent measures with the presence/absence of sexual abuse.

Future research

An increase in sample size, either by including the other prisons, or by collecting data over a longer period of time (e.g. all new receptions to the prison be routinely interviewed) would be desirable. The sample size was smaller than was hoped for and it is possible that the introductory measures mitigated against the response. A less ethical approach might allow for a less defensive response.

Further data analysis looking at selected diagnostic categories of the DIS, for example depression, and the relationship or otherwise with presence/absence and intrafamilial/extrafamilial sexual abuse would also be desirable given the association of certain psychopathology with sexual abuse presented in the literature.

Measures

The DIS is a reasonable measure given the inclusive experience of personal history it covers, and at this point appears the best measure available.

The Sexual History Questionnaire is comprehensive and also appropriate for gaining sexual abuse information of all types. It also allows for later objective assessment of whether examples reported in response to the questions are appropriate for inclusion within the stated definition.

The Self-Esteem Scale is adequate also, but it would likely have been useful to have included a separate measure of sexual satisfaction such as that used by

Fromuth (1986). It was decided not to do so for this study because of factors relating to the nature of the population, e.g. some of the women had been in prison for a number of years. Such a measure would be more appropriate if the women to be interviewed when first imprisoned as suggested earlier.

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APPENDICES

Appendix	1	Diagnostic Interview Schedule 111-A
Appendix	2	Sexual History Questionnaire
Appendix	3	Self-Esteem Scale
Appendix	4	Handscoring Schedule for DIS 111-A

APPENDIX 1

May, 1985

DIAGNOSTIC INTERVIEW SCHEDULE (DIS) VERSION III-A

Lee N. Robins, Ph.D.
John E. Helzer, M.D.

Department of Psychiatry
Washington University School of Medicine
St. Louis, MO

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ID CODE

TIME BEGAN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	08/
H R		M I N		
				AM..1
				PM..2

Demographics: Qs. 1-14B

1. RECORD SEX AS OBSERVED.

MALE	1	13/
FEMALE	2	

2. How old are you?

<input type="text"/>	<input type="text"/>	14/
AGE		

3. What is your birthdate?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16/
MO		DAY		YR		

4. Are you presently married or are you widowed, separated, divorced, or have you never been married?

Married	1	22/
Widowed (SKIP TO Q.6)	2	
Separated (SKIP TO Q.6)	3	
Divorced (SKIP TO Q.6)	4	
Never married... (SKIP TO Q.6)	5	

5. Are you currently living with your (husband/wife)?

N/B don't skip & this version is necessary NO

NO.....	1	23/
YES..... (SKIP TO Q.7)	5	

6. Are you currently living with someone as though you were married?

NO.....	1	24/
YES.....	5	

IF NEVER MARRIED, GO TO Q. 11

7. How many times have you been legally married?

<input type="text"/>	<input type="text"/>	25/
TIMES		

Social Personality: Qs. 8-13

8. If you've never been/How many times have you been divorced?
IF NEVER, ENTER 00.

TIMES

27/

9. Other than when you separated just before a divorce, have you and your (husband(s)/wife/wives) ever separated for a few days or longer because of not getting along?

NO (SKIP TO Q.11) 1
YES 5

29/

10. If you separate more than once?
COUNTING ALL MARRIAGES.

NO 1
YES 5

30/

11. Have you (ever) lived with someone for at least a year
enough you were married?

NO (SKIP TO Q.14) 1
YES 5

31/

12. Have you and the person(s) you lived with ever separate for
a few days or longer because of not getting along?

NO (SKIP TO Q.14) 1
YES 5

32/

13. If you separate more than once? COUNTING ALL
PERSONS LIVED WITH AS MARRIED.

NO 1
YES 5

33/

14. How many children have you had, not counting any who are
born by adoption or who were born dead?

IF ANY, CODE # AND SKIP TO Q.15.
IF NONE, CODE 00 AND ASK A.

CHILDREN

34/

15. Have you ever acted as a parent for children who were
not your own natural children?

NO 1
YES 5

36/

16. Have you ever tried for a year or more to get (someone)
pregnant without being able to do so?

NO 1
YES 5

37/

Tobacco Use Disorder: Qs. 15-15G

15. Have you ever smoked cigarettes daily for a month or more? NO (SKIP TO Q.16) 1
YES (ASK A) 5

A. How old were you when you first smoked daily?

--	--

AGE

B. Have you ever continued to smoke when you had a serious illness that you knew made it unwise for you to smoke? NO 1
YES 5

C. Have you ever tried to quit or reduce your smoking? NO (GO TO **C.1**) 1
YES (ASK D) 5

C.1 INTERVIEWER: IF Q.15B IS CODED 1, SKIP TO Q.16 1
IF Q.15B IS CODED 5, SKIP TO E 5

D. I'm going to ask you about some problems you might have had in the first day or so after you quit or cut down. READ ITEMS 1 - 8 AND CODE FOR EACH:

	NO	YES
1) For instance, did you crave a cigarette?	1	5
2) Were you irritable?	1	5
3) Were you nervous?	1	5
4) Were you restless?	1	5
5) Did you have trouble concentrating?	1	5
6) Did you have headaches?	1	5
7) Were you drowsy?	1	5
8) Did you have an upset stomach?	1	5

E. Did you ever talk to a doctor about problems with smoking? NO 1
YES 5

F. How long ago did you last smoke half a pack or more in one day or do you still?

CODE MOST
RECENT TIME
POSSIBLE

Never smoked ½ pack per day (SKIP TO Q.16) 7
Within last 2 weeks (SKIP TO Q.16) 1
Within last month (SKIP TO Q.16) 2
Within last 6 months (SKIP TO Q.16) 3
Within last year (SKIP TO Q.16) 4
More than 1 year ago (ASK G) 5

G. How old were you then?

--	--

AGE

CODES

1 = no 4 = med. exp.
 2 = below crit. 5 = yes
 3 = drugs or alc.

Somatization Disorder: Qs. 16-60

16. Now I am going to ask you about health problems that might have occurred at any time in your life. Have you ever had a lot of trouble with abdominal or belly pain (not counting times when you were menstruating)?

1 2 3 4 5 56/

MD: _____ OTHER: _____

17. Have you ever had a lot of trouble with back pain?

1 2 3 4 5 57/

MD: _____ OTHER: _____

18. Have you ever had pain in the joints?

1 2 3 4 5 58/

MD: _____ OTHER: _____

19. Have you ever had pains in your arms or legs other than in the joints?

1 2 3 4 5 59/

MD: _____ OTHER: _____

20. Have you ever had chest pains?

1 2 3 4 5 60/

MD: _____ OTHER: _____

21. Have you ever had a lot of trouble with headaches?

INTERVIEWER: IF 2 PROBES NEGATIVE EXCEPT FOR MEDICATION, ASK: Did you take non-prescription medication three times or more in a single week for headaches? IF NO, ASK: Did you take prescription medication for headaches? IF NO TO BOTH, CODE 2.

1 2 3 4 5 61/

MD: _____ OTHER: _____

22. FOR WOMEN ONLY: Have you ever had a lot of trouble with excessively painful menstrual periods?

INTERVIEWER: IF 2 PROBES NEGATIVE EXCEPT FOR MEDICATION, ASK: What did you take? IF OVER-THE-COUNTER (NON-PRESCRIPTION) ANALGESICS ONLY, CODE 2.

1 2 4 5 62/

MD: _____ OTHER: _____

23. Have you ever had pain when you urinated (that is, passed your water)? 1 2 4 5 63/

MD: _____ OTHER: _____

24. Have you ever been completely unable to urinate (or pass water) for 24 hours or longer, other than after (childbirth or) surgery? 1 3 4 5 64/

MD: _____ OTHER: _____

25. Have you ever had burning pain in your mouth or around your private parts? IF VOLUNTEERS PAIN ONLY ON URINATION, CODE 1 BECAUSE CODED IN Q. 23. 1 3 4 5 65/

MD: _____ OTHER: _____

26. Have you ever had pain anywhere else, other than in the places we've already talked about?

INTERVIEWER: IF VOLUNTEERS PAIN ONLY IN SITES MENTIONED IN QS. 16-25 OR DURING INTERCOURSE, CODE 1 (THESE PAINS ARE CODED ELSEWHERE).

1 2 3 4 5 66/

MD: _____ OTHER: _____

27. Have you ever had a lot of trouble with vomiting (when you were not pregnant)? 1 2 3 4 5 67/

MD: _____ OTHER: _____

28. ASK ONLY IF FEMALE WITH CHILD (Q.14 = 01 OR MORE).
During any pregnancy did you vomit all through the pregnancy?

YES (CODE 5 AND GO TO Q.29)
NO OR ONLY IN BRIEF (< 7 MOS.) PREGNANCY (ASK A)

A. Were you ever hospitalized during pregnancy because of vomiting? 1 5 68/

NO (CODE 1)
YES (CODE 5)

CODES

1 = no 4 = med. exp.
 2 = below crit. 5 = yes
 3 = drugs or alc.

2. Have you ever had a lot of trouble with **nausea** — feeling sick to your stomach but not actually vomiting? MOTION SICKNESS IS COUNTED AS A PHYSICAL CONDITION.

1 2 3 4 5 69/

MD: _____ OTHER: _____

3. Have there ever been times when you have had a lot of trouble with **loose bowels** or diarrhea?

1 2 3 4 5 70/

MD: _____ OTHER: _____

4. Have you ever had a lot of trouble with excessive **gas** or bloating of your stomach or abdomen?

1 2 3 4 5 BEGIN DECK 02
08/

MD: _____ OTHER: _____

5. Have you found there were any **foods** that you couldn't eat because they **made you ill**?

NO (CODE 1)

YES (ASK A)

- A. Name a few of the foods that bothered you like that.
 RECORD BELOW.

FOODS: _____

INTERVIEWER: IF LESS THAN 3 FOODS, CODE 1.
 IF 3 OR MORE FOODS, BEGIN PROBING.

MD: _____ OTHER: _____

1 4 5 09/

6. Have you ever been blind in one or both eyes where you couldn't see anything at all for a few seconds or more?

1 3 4 5 10/

MD: _____ OTHER: _____

7. Has your vision ever become blurred for some period, when it wasn't just due to needing glasses or changing glasses?

1 2 3 4 5 11/

MD: _____ OTHER: _____

15. Have you ever been **deaf** when you completely lost your hearing for a period of time?

1 3 4 5 12/

MD: _____ OTHER: _____

16. Have you ever had trouble walking?

1 2 3 4 5 13/

MD: _____ OTHER: _____

17. Have you ever been **paralyzed** — that is, completely unable to move a part of your body for at least a few minutes.

1 3 4 5 14/

MD: _____ OTHER: _____

18. Was there ever a time when you lost your voice for 30 minutes or more and couldn't speak above a whisper?

1 4 5 15/

MD: _____ OTHER: _____

19. Have you ever had a **seizure** or convulsion of any kind since you were 12 where you were unconscious and your body jerked?

1 3 4 5 16/

MD: _____ OTHER: _____

20. Have you ever had fainting or falling out spells where you felt weak or dizzy and then passed out?

NO (CODE 1)

YES (ASK A)

A. Has that happened more than once?

NO, OR ONLY ONCE (CODE 1)

YES (BEGIN PROBING)

1 3 4 5 17/

MD: _____ OTHER: _____

21. Have you ever been unconscious for any (other) reason?

INTERVIEWER: IF DUE TO CONVULSIONS, AMNESIA OR
FAINTING, CODE 1. IF DUE TO ANESTHESIA, CODE 3

1 3 4 5 18/

MD: _____ OTHER: _____

CODES

1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

2. Have you ever had a period of **amnesia** — that is, a period of several hours or days where you couldn't remember anything afterwards about what happened during that time?

1 3 4 5 19/

MD: _____ OTHER: _____

3. Have you ever had any (other) problems which seemed strange, like double vision or **unusual spells**?

1 2 3 4 5 20/

MD: _____ OTHER: _____

4. Have you ever gotten **short of breath** when you had not been exerting yourself?

1 2 4 5 21/

MD: _____ OTHER: _____

Have you ever been bothered by palpitations, that is, your heart **beating so hard** that you could feel it pound in your chest?

NO (CODE 1)

YES (ASK A)

A. Has that happened only when you ~~were~~ exerting yourself or at other times too?

ONLY ON EXERTION (CODE 1)

OTHER TIMES TOO (BEGIN PROBING)

1 2 3 4 5 22/

MD: _____ OTHER: _____

Have you ever been bothered by **dizziness**?

1 2 3 4 5 23/

MD: _____ OTHER: _____

Have you ever been bothered by periods of **weakness**, that is, when you could not lift or move things you could normally lift or move?

1 2 3 4 5 24/

MD: _____ OTHER: _____

Have you ever been bothered by a feeling that there was a **lump in your throat**?

NO (CODE 1)

YES (ASK A)

A. Was that only when you felt like crying?

NO (BEGIN PROBING)

YES (CODE 1)

1 4 5 25/

MD: _____ OTHER: _____

Has your physical health been pretty good or have you been sickly for the majority of your life? CODE ONLY ONE.

PRETTY GOOD MOST OF LIFE	1	
SINGLE LONG-TERM PHYSICAL		
ILLNESS EXPLAINS SICKLY	4	26/
SICKLY MOST OF LIFE	5	

MALES SKIP TO Q.53

Other than your first year of menstruation, have your menstrual periods ever been irregular? IF VOLUNTEERS ONLY WHEN ENTERING MENOPAUSE, CODE 1.

1 2 3 4 5 27/

MD: _____ OTHER: _____

Have you ever had excessive bleeding with your menstrual periods? IF VOLUNTEERS ONLY WITHIN TWO YEARS OF MENOPAUSE, CODE 1.

1 2 3 4 5 28/

MD: _____ OTHER: _____

Other than your first year of menstruation, have you ever missed two periods in a row? IF VOLUNTEERS ONLY WHEN PREGNANT, NURSING OR ENTERING MENOPAUSE, CODE 1.

1 2 3 4 5 29/

MD: _____ OTHER: _____

Have you ever had to give up work, going to school, or other regular activities for at least several weeks because you did not feel well enough to carry on (other than when you were in the hospital)?

1 3 4 5 30/

MD: _____ OTHER: _____

Have you ever had a sudden gain or loss of weight, say 15 pounds in two weeks or less?

1 3 4 5 31/

MD: _____ OTHER: _____

Have you ever lost feeling in an arm or a leg other than when it had just fallen asleep from being in one position too long?

NO (ASK A)

YES (BEGIN PROBING)

A. Have you lost feeling anywhere else?

NO (CODE 1)

YES (BEGIN PROBING)

1 3 4 5 32/

MD: _____ OTHER: _____

CODES

1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

1. Have you ever had a lot of trouble with constipation? 1 2 3 4 5 33/

MD: _____ OTHER: _____

2. Have you ever been troubled by a period of lots of crying spells or crying very easily since you've been an adult? 1 4 5 34/

MD: _____ OTHER: _____

3. Has there ever been a period of time when you felt that life was hopeless? 1 5 35/

INTERVIEWER: BEGINNING WITH Q.16, DID R
TELL MD FOR ANY QUESTION CODED 5?

NO 1
YES 5

36/

INTERVIEWER: BEGINNING WITH Q.16, HAVE FIVE
OR MORE QUESTIONS BEEN CODED 5?

NO ... (SKIP TO Q.61) ... 1
YES ... (ASK Q.59) 5

37/

4. I'm going to mention some of the problems you've told me about. Then I'll want to know how old you were when you first had any one of these problems. For instance, you've had a problem with (LIST ALL ITEMS CODED 5 IN QS. 16-58). What's the earliest age you first had one of these problems? ENTER AGE AND SKIP TO Q.60.

AGE

38/

INTERVIEWER: IF DK AND R IS UNDER 30, CODE 01.
IF DK AND R IS 30 OR MORE, ASK A.

A. Do you think any of these problems began before you were 30?

YES (RECORD 01 ABOVE)
NO (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE)

40/

5. How recently have you had any of these problems?

CODE MOST
RECENT TIME
POSSIBLE

Within last 2 weeks (SKIP TO Q.61) 1
Within last month (SKIP TO Q.61) 2
Within last 6 months (SKIP TO Q.61) 3
Within last year (SKIP TO Q.61) 4
More than 1 year ago (ASK A) 5

41/

A. How old were you then?

AGE

42/

Panic Disorder: Qs. 61-67

61. Have you ever considered yourself a nervous person? 1 5 44/

A. At what age did this nervousness begin? IF R SAYS
WHOLE LIFE, CODE 02. ENTER AGE AND SKIP TO Q.62.

AGE	

45/

INTERVIEWER: IF DK AND R IS UNDER 30, CODE 01.
IF DK AND R IS 30 OR MORE, ASK B.

B. Do you think it began before or after you were 30?

BEFORE 30 (RECORD 01 ABOVE)
AFTER 30 (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE)

47/

62. Have you ever had a **spell or attack** when all of a sudden you felt frightened, anxious or very uneasy in situations when most people would not be afraid? IF YES, ASK A BEFORE PROBING.

A. Could you tell me about one spell or attack like that?

EXAMPLE: _____

1 2 3 4 5 48/

MD: _____ OTHER: _____

C INTERVIEWER: DID R TELL MD IN Q.62?

NO 1
YES 5

49/

IF Q. 62 IS CODED 1, SKIP TO Q.67.1. ALL OTHERS ASK Q.63.

63. During one of your worst spells of suddenly feeling frightened or anxious or uneasy, did you ever notice that you had any of the following problems?
During this spell: READ EACH SYMPTOM AND CODE YES OR NO
FOR EACH. REPEAT THE PHRASE: During this spell FOR EACH.

	NO	YES	
--	----	-----	--

A. were you short of breath —having trouble catching your breath?	1	5	50/
B. did your heart pound ?	1	5	51/
C. were you dizzy or light-headed ?	1	5	52/
D. did your fingers or feet tingle ?	1	5	53/
E. did you have tightness or pain in your chest ?	1	5	54/
F. did you feel like you were choking or smothering ?	1	5	55/
G. did you feel faint ?	1	5	56/
H. did you sweat ?	1	5	57/
I. did you tremble or shake ?	1	5	58/
J. did you feel hot or cold flashes ?	1	5	59/
K. did things around you seem unreal ?	1	5	60/
L. were you afraid either that you might die or that you might act in a crazy way?	1	5	61/

64. How old were you the first time you had one of these sudden spells of feeling frightened or anxious?

AGE

62/

IF R SAYS "WHOLE LIFE", CODE 02.
ENTER AGE AND SKIP TO Q.65.

INTERVIEWER: IF DK AND R IS UNDER 40, CODE 01.
IF DK AND R IS 40 OR MORE, ASK A.

BEFORE 40 (RECORD 01 ABOVE)
AFTER 40 (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE)

A. Would you say it was before or after you were 40?

64/

65. Have you ever had three spells like this close together—say within a three-week period?

NO 1
YES 5

65/

66. Have spells like this occurred during at least six different weeks of your life?

NO 1
YES 5

66/

67. How recently have you had a spell like this?

CODE MOST
RECENT TIME
POSSIBLE

Within last 2 weeks (SKIP TO Q.67.1) 1
Within last month (SKIP TO Q.67.1) 2
Within last 6 months (SKIP TO Q.67.1) 3
Within last year (SKIP TO Q.67.1) 4
More than 1 year ago (ASK A) 5

67/

A. How old were you then?

AGE

68/

Generalized Anxiety: Qs. 67.1-67.1X

67.1 I've asked you about spells or attacks of feeling anxious or afraid. Now I want to ask you about longer periods like that. Have you ever had a period of a month or more when most of the time you felt worried or anxious, perhaps afraid that something bad was going to happen either to you yourself or to someone you cared about?

NO (SKIP TO INSTRUCTION BEFORE Q.68)1 08/
YES ... (ASK A)5

A.	During a period when you were worried or anxious most of the time—	NO	YES	
	were you jittery or fidgety? (ASK B) .....1			
	..... (SKIP TO I) .....5			09/
B.	were you very tense or jumpy? (ASK C) .....1			
	..... (SKIP TO I) .....5			10/
C.	did you have trouble relaxing? (ASK D) .....1			
	..... (SKIP TO I) .....5			11/
D.	did you get tired very easily? (ASK E) .....1			
	..... (SKIP TO I) .....5			12/
E.	were you easily startled? (ASK F) .....1			
	..... (SKIP TO I) .....5			13/
F.	did your body tremble or shake? (ASK G) .....1			
	..... (SKIP TO I) .....5			14/
G.	were you restless? (ASK H) .....1			
	..... (SKIP TO I) .....5			15/
H.	did your eyelids twitch? (ASK I) .....1			
	..... (ASK I) .....5			16/

I.	During a time when you felt anxious or worried most of the time—	NO	YES	
	were you having trouble sleeping? (ASK J) .....1			
	..... (SKIP TO L) .....5			17/
J.	did you have trouble keeping your mind on	(ASK K) .....1		
	what you were doing? (SKIP TO L) .....5			18/
K.	were you feeling irritable, on edge, or	(GO TO INSTR BELOW) .....1		
	impatient? (ASK L) .....5			19/

INTERVIEWER: IF NO 5 IN A-K, SKIP TO INSTRUCTION BEFORE Q.68. OTHERS GO TO L.

L. During a time when you felt anxious or worried most of the time, did you have an unusual amount of trouble—

NO YES

with sweating a lot?	(ASK M)	1	
	(SKIP TO W)	5	20/
M. with your heart pounding or racing?	(ASK N)	1	
	(SKIP TO W)	5	21/
N. with your hands feeling cold and clammy?	(ASK O)	1	
	(SKIP TO W)	5	22/
O. with dizziness or lightheadedness?	(ASK P)	1	
	(SKIP TO W)	5	23/
P. with tingling in your hands or feet?	(ASK Q)	1	
	(SKIP TO W)	5	24/
Q. with your mouth feeling dry?	(ASK R)	1	
	(SKIP TO W)	5	25/
R. with diarrhea?	(ASK S)	1	
	(SKIP TO W)	5	26/
S. Was your stomach upset much of the time?	(ASK T)	1	
	(SKIP TO W)	5	27/
T. Did you have to urinate frequently?	(ASK U)	1	
	(SKIP TO W)	5	28/
U. Did your face flush or turn pale a lot?	(ASK V)	1	
	(SKIP TO W)	5	29/
V. Were you bothered by breathing too fast?	(ASK W)	1	
	(ASK W)	5	30/

V. How old were you the first time you were worried or anxious or afraid most of the time for at least a month?
IF R SAYS WHOLE LIFE, CODE 02.

AGE

31/

When did you last have a period of a month or more when you felt anxious most of the time and had some of these other problems like (SX CODED 5 IN A-V)?

CODE MOST
RECENT TIME
POSSIBLE

Within last 2 weeks. . . (SKIP TO INST. BEFORE Q. 68) . . . 1
Within last month. . . . (SKIP TO INST. BEFORE Q. 68) . . . 2
Within last 6 months . . (SKIP TO INST. BEFORE Q. 68) . . . 3
Within last year. (SKIP TO INST. BEFORE Q. 68) . . . 4
More than a year ago . . (ASK A) 5

A. How old were you then?

AGE

34/

CODES

1 = no 4 = med. exp.
 2 = below crit. 5 = yes
 3 = drugs or alc.

Phobic Disorders: Qs. 68-71

INTERVIEWER: FOR EACH 5 CODED, RECORD AN EXAMPLE.

IF RESPONSE TO 2 PROBE IS: IT DOESN'T INTERFERE WITH MY
 LIFE A LOT BECAUSE I AVOID IT, ASK:

Does having to avoid (PHOBIA) interfere with your life or activities a lot?

IF NO: CODE 2

IF YES: CODE 5

- Some people have phobias, that is such a strong fear of something or
 some situation that they try to avoid it, even though they know there is
 no real danger. Have you ever had such an unreasonable fear of
 (PHOBIA) that you tried to avoid (it/them)?
 REPEAT FOR EACH PHOBIA LISTED BELOW.

a. Heights	1	2	5	36/
EX: _____				
b. Tunnels or bridges	1	2	5*	37/
EX: _____				
c. Being in a crowd	1	2	5*	38/
EX: _____				
d. Being on any kind of public transportation like airplanes, buses, or elevators	1	2	5*	39/
EX: _____				
e. Going out of the house alone	1	2	5*	40/
EX: _____				

f. Being in a closed place	1	2	5	41/
EX: _____				
g. Being alone	1	2	5*	42/
EX: _____				
h. Eating in front of other people (either people you know or in public)	1	2	5	43/
EX: _____				
i. Speaking in front of a small group of people you know	1	2	5	44/
EX: _____				
j. Speaking to strangers or meeting new people	1	2	5	45/
EX: _____				
k. Storms or thunder or lightning	1	2	5	46/
EX: _____				
l. Being in water, for instance in a swimming pool or lake	1	2	5	47/
EX: _____				

CODES

1 = no 4 = med. exp.
2 = below crit. 5 = yes
3 = drugs or alc.

m. Spiders, bugs, mice, snakes, bats, birds
or cats

1 2 5 48/

EX: _____

n. Being near any (other) harmless animal or a dangerous animal that couldn't get to you

1 2 5 49/

EX: _____

g. Open spaces or fields

1 2 5 50/

EX: _____

q. Writing when someone is watching you

1 2 .5 51/

EX: _____

r. Seeing blood, or getting a shot or injection with a needle or going to the dentist

1 2 5 52/

EX: _____

d. Is there anything else you were unreasonably terrified to do or be near?

1 2 5 53/

EX: _____

D.1 INTERVIEWER: ARE ANY CODE 5'S IN QS. 68a-d?

NO (SKIP TO Q. PT 35)1
YES . . . (GO TO **D**)5

54/

Q INTERVIEWER: DID R TELL A DOCTOR ABOUT ANY OF THESE PHOBIAS?

NO 1
YES 5

55/

How old were you the first time you were bothered by any of these fears (LIST ALL PHOBIAS CODED 5 IN Q.68.)? IF R SAYS WHOLE LIFE, CODE 02. ENTER AGE AND SKIP TO Q. 70.

AGE

56/

INTERVIEWER: IF DK AND R IS UNDER 40, CODE 01.
IF DK AND R IS 40 OR MORE, ASK A.

A. Would you say it was before or after you were 40?

BEFORE 40 (RECORD 01 ABOVE)
AFTER 40 (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE)

58/

How recently (has this fear/have any of these fears) been so strong that you tried to avoid the situation?

Within last 2 weeks or current . . . (SKIP TO) . . . 1
Within last month (SKIP TO) . . . 2
Within last 6 months (SKIP TO) . . . 3
Within last year (SKIP TO) . . . 4
More than 1 year ago (ASK A) 5

CODE MOST
RECENT TIME
POSSIBLE

59/

A. How old were you then?

AGE

60/

INTERVIEWER: IS THERE A 5* CODED IN Q. 68?

NO (SKIP TO Q. PT 35) 1
YES (GO TO) 5

62/

INTERVIEWER: IS Q. 62 CODED 2-5?

NO (SKIP TO Q. PT 35) 1
YES (ASK Q. 71) 5

63/

You mentioned spells of feeling frightened or anxious when you (LIST UP TO 3 SYMPTOMS CODED 5 IN Q.63). Did those spells occur only when you were (LIST ALL PHOBIAS CODED 5* IN Q.68) or did they occur at other times too?

NO, ONLY IN PHOBIC SITUATIONS 1
YES, OTHER TIMES AS WELL 5

64/

Post-Traumatic Stress Disorder: Qs. PT35-PT47

PT35. Did you ever see something so horrifying or frightening or have something so horrible happen to you that you kept having dreams or nightmares about it or kept remembering it when you didn't want to?

NO (SKIP TO B) 1
YES ... (ASK A) 5

08/

A. What experience have you had that caused you to have nightmares or keep remembering the experience when you didn't want to? Any others?

RECORD EXAMPLE(S) AND CIRCLE 5 IN COLUMN A.

PERSONALLY EXPERIENCED OR VIEWED:

	A	B	
1. COMBAT (1)	5	5	09/
2. COMBAT (2)	5	5	11/
3. ACCIDENT—OWN	5	5	13/
4. ACCIDENT—VIEWED	5	5	15/
5. PHYSICAL ATTACK ON SELF (1)	5	5	17/
6. PHYSICAL ATTACK ON SELF (2)	5	5	19/
7. SAW SOMEONE HURT/KILLED (1)	5	5	21/
8. SAW SOMEONE HURT/KILLED (2)	5	5	23/
9. RECEIVED THREAT OR HAD CLOSE CALL (1)	5	5	25/
10. RECEIVED THREAT OR HAD CLOSE CALL (2)	5	5	27/
11. WITNESSED CLOSE CALL (1)	5	5	29/
12. WITNESSED CLOSE CALL (2)	5	5	31/
13. DISASTER: FLOOD	5	5	33/
14. DISASTER: TORNADO OR SERIOUS STORM	5	5	35/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)	5	5	37/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)	5	5	39/
17. OTHER TRAUMA OR OTHER EPISODE (1)	5	5	41/
18. OTHER TRAUMA OR OTHER EPISODE (2)	5	5	43/

19. IF READING, TV., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT DO NOT COUNT AS A TRAUMATIC EXPERIENCE.

RECORD EXAMPLE HERE: (1)	5	5	45/
(2)	5	5	47/

B. Did you ever suddenly act or feel as though some horrible experience you had been through was happening again, even though it wasn't?

NO (GO TO PT36) ... 1
YES ... (ASK C) 5

49/

C. What bad experience did you have that seemed to be happening again afterwards? RECORD EXAMPLE AND CIRCLE 5 IN COLUMN B. Any others?

PT36. IF NO 5 IN PT 35 COLUMN A OR B, SKIP TO A.
IF 5 IN PT35 COLUMN A OR B, CIRCLE NO. OF CORRESPONDING
LINE(S) AND ASK FOR EACH:

After (EXAMPLE), did you lose the ability to care about other people
or lose interest in things you used to enjoy? CODE AND REPEAT
FOR ALL CIRCLED NUMBERS, THEN GO TO A.

A. Did you have any (other) horrible experience
that caused you to lose the ability to care about
other people or lose interest in things you used
to enjoy?

NO ... (SKIP TO PT37) ... 1
YES ... (GO TO B) 5

50/

B. What (other) horrible experience made you lose in-
terest in people or things you used to care about?
Anything else?

ENTER EXAMPLE ON UNUSED LINE AND CIRCLE 5.

PERSONALLY EXPERIENCED OR VIEWED:

	NO	YES	
1. COMBAT (1)	1	5	51/
2. COMBAT (2)	1	5	52/
3. ACCIDENT—OWN	1	5	53/
4. ACCIDENT—VIEWED	1	5	54/
5. PHYSICAL ATTACK ON SELF (1)	1	5	55/
6. PHYSICAL ATTACK ON SELF (2)	1	5	56/
7. SAW SOMEONE HURT/KILLED (1)	1	5	57/
8. SAW SOMEONE HURT/KILLED (2)	1	5	58/
9. RECEIVED THREAT OR HAD CLOSE CALL (1)	1	5	59/
10. RECEIVED THREAT OR HAD CLOSE CALL (2)	1	5	60/
11. WITNESSED CLOSE CALL (1)	1	5	61/
12. WITNESSED CLOSE CALL (2)	1	5	62/
13. DISASTER: FLOOD	1	5	63/
14. DISASTER: TORNADO OR SERIOUS STORM	1	5	64/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)	1	5	65/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)	1	5	66/
17. OTHER TRAUMA OR OTHER EPISODE (1)	1	5	67/
18. OTHER TRAUMA OR OTHER EPISODE (2)	1	5	68/

19. IF READING, TV., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER
THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL
DEATH, CIRCLE 5 HERE BUT DO NOT COUNT AS A TRAUMATIC EXPERIENCE.

RECORD EXAMPLE HERE: (1) 5 69/
(2) 5 70/

PT37. IF NO 5'S IN COLUMNS FOR PT35 OR PT36, SKIP TO A.

IF 5'S IN PT35 A OR B, OR PT36, CIRCLE NO. OF CORRESPONDING LINES AND ASK FOR EACH:

Did (EXAMPLE) make you jumpy and easily startled afterwards, so that ordinary noises and movements would make you jump or put you on guard? CODE AND REPEAT FOR ALL CIRCLED NUMBERS, THEN GO TO A.

A. Have you had any (other) horrible experience that made you jumpy and easily startled afterwards, so that even ordinary noises or movements around you would make you jump or put you on guard?

NO .. (SKIP TO PT38) .. 1
YES .. (GO TO B) 5

08/

B. What (other) frightening or horrible experience affected you that way, making you jumpy and easily startled? Any others?

ENTER EXAMPLE ON UNUSED LINE AND CIRCLE 5.

PERSONALLY EXPERIENCED OR VIEWED:

	NO	YES	
1. COMBAT (1)	1	5	09/
2. COMBAT (2)	1	5	10/
3. ACCIDENT—OWN	1	5	11/
4. ACCIDENT—VIEWED	1	5	12/
5. PHYSICAL ATTACK ON SELF (1)	1	5	13/
6. PHYSICAL ATTACK ON SELF (2)	1	5	14/
7. SAW SOMEONE HURT/KILLED (1)	1	5	15/
8. SAW SOMEONE HURT/KILLED (2)	1	5	16/
9. RECEIVED THREAT OR HAD CLOSE CALL (1)	1	5	17/
10. RECEIVED THREAT OR HAD CLOSE CALL (2)	1	5	18/
11. WITNESSED CLOSE CALL (1)	1	5	19/
12. WITNESSED CLOSE CALL (2)	1	5	20/
13. DISASTER: FLOOD	1	5	21/
14. DISASTER: TORNADO OR SERIOUS STORM	1	5	22/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)	1	5	23/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)	1	5	24/
17. OTHER TRAUMA OR OTHER EPISODE (1)	1	5	25/
18. OTHER TRAUMA OR OTHER EPISODE (2)	1	5	26/

19. IF READING, TV., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT DO NOT COUNT AS A TRAUMATIC EXPERIENCE.

RECORD EXAMPLE HERE: (1) 5 27/
(2) 5 28/

T38. IF NO 5'S IN COLUMNS FOR PT35-37, SKIP TO A.

IF 5'S IN PT35-37, CIRCLE NO. OF CORRESPONDING LINES AND ASK FOR EACH:

After (EXAMPLE), did you have trouble sleeping—either trouble falling asleep, staying asleep or waking up too early?

CODE AND REPEAT FOR ALL CIRCLED NUMBERS, THEN GO TO A.

- A. Did you ever have trouble sleeping because of any (other) horrible experience—either trouble falling asleep, staying asleep or waking up too early?

NO ... (SKIP TO PT39) ... 1
YES ... (GO TO 8) 5

29/

- B. What (other) kind of experience caused you to have trouble sleeping? Any others?

ENTER EXAMPLE ON UNUSED LINE AND CIRCLE 5.

PERSONALLY EXPERIENCED OR VIEWED:

	NO	YES	
1. COMBAT (1)	1	5	30/
2. COMBAT (2)	1	5	31/
3. ACCIDENT—OWN	1	5	32/
4. ACCIDENT—VIEWED	1	5	33/
5. PHYSICAL ATTACK ON SELF (1)	1	5	34/
6. PHYSICAL ATTACK ON SELF (2)	1	5	35/
7. SAW SOMEONE HURT/KILLED (1)	1	5	36/
8. SAW SOMEONE HURT/KILLED (2)	1	5	37/
9. RECEIVED THREAT OR HAD CLOSE CALL (1)	1	5	38/
10. RECEIVED THREAT OR HAD CLOSE CALL (2)	1	5	39/
11. WITNESSED CLOSE CALL (1)	1	5	40/
12. WITNESSED CLOSE CALL (2)	1	5	41/
13. DISASTER: FLOOD	1	5	42/
14. DISASTER: TORNADO OR SERIOUS STORM	1	5	43/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)	1	5	44/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)	1	5	45/
17. OTHER TRAUMA OR OTHER EPISODE (1)	1	5	46/
18. OTHER TRAUMA OR OTHER EPISODE (2)	1	5	47/

19. IF READING, T.V., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT DO NOT COUNT AS A TRAUMATIC EXPERIENCE.

RECORD EXAMPLE HERE: (1) 5 48/
(2) 5 49/

PT39. IF NO 5'S IN COLUMNS FOR PT35-38, SKIP TO A.

IF 5'S IN PT35-38, CIRCLE NO. OF CORRESPONDING LINES AND ASK FOR EACH:

After (EXAMPLE), did you feel ashamed of still being alive?

CODE AND REPEAT FOR ALL CIRCLED NUMBERS. THEN GO TO A.

A. Did you ever have any (other) horrifying experience that made you feel ashamed of still being alive after it was over?

NO ... (SKIP TO PT40) ... 1

YES ... (GO TO 8) ... 5

50/

B. What (other) experience made you feel ashamed of still being alive afterwards? Any others?

ENTER EXAMPLE ON UNUSED LINE AND CIRCLE 5.

PERSONALLY EXPERIENCED OR VIEWED:

	NO	YES	
1. COMBAT (1)	1	5	51/
2. COMBAT (2)	1	5	52/
3. ACCIDENT—OWN	1	5	53/
4. ACCIDENT—VIEWED	1	5	54/
5. PHYSICAL ATTACK ON SELF (1)	1	5	55/
6. PHYSICAL ATTACK ON SELF (2)	1	5	56/
7. SAW SOMEONE HURT/KILLED (1)	1	5	57/
8. SAW SOMEONE HURT/KILLED (2)	1	5	58/
9. RECEIVED THREAT OR HAD CLOSE CALL (1)	1	5	59/
10. RECEIVED THREAT OR HAD CLOSE CALL (2)	1	5	60/
11. WITNESSED CLOSE CALL (1)	1	5	61/
12. WITNESSED CLOSE CALL (2)	1	5	62/
13. DISASTER: FLOOD	1	5	63/
14. DISASTER: TORNADO OR SERIOUS STORM	1	5	64/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)	1	5	65/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)	1	5	66/
17. OTHER TRAUMA OR OTHER EPISODE (1)	1	5	67/
18. OTHER TRAUMA OR OTHER EPISODE (2)	1	5	68/

19. IF READING, TV., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT DO NOT COUNT AS A TRAUMATIC EXPERIENCE.

RECORD EXAMPLE HERE: (1) 5

69/

(2) 5

70/

PT40. IF NO 5'S IN COLUMNS FOR PT35-39, SKIP TO A.

IF 5'S IN PT35-39, CIRCLE NO. OF CORRESPONDING LINES AND ASK FOR EACH:

After (EXAMPLE), did you become unusually forgetful
or have trouble concentrating?

CODE AND REPEAT FOR ALL CIRCLED NUMBERS, THEN GO TO A.

A. Have you had any (other) horrible
experience that made you become unusually
forgetful or have trouble concentrating?

NO ... (SKIP TO PT41) ... 1
YES .. (GO TO B) 5

08/

B. What (other) kind of experience did you
have that caused you to become forgetful
or have trouble concentrating? Anything else?

ENTER EXAMPLE ON UNUSED LINE AND CIRCLE 5.

PERSONALLY EXPERIENCED OR VIEWED:

	<u>NO</u>	<u>YES</u>	
1. COMBAT (1)	1	5	09/
2. COMBAT (2)	1	5	10/
3. ACCIDENT—OWN	1	5	11/
4. ACCIDENT—VIEWED	1	5	12/
5. PHYSICAL ATTACK ON SELF (1)	1	5	13/
6. PHYSICAL ATTACK ON SELF (2)	1	5	14/
7. SAW SOMEONE HURT/KILLED (1)	1	5	15/
8. SAW SOMEONE HURT/KILLED (2)	1	5	16/
9. RECEIVED THREAT OR HAD CLOSE CALL (1)	1	5	17/
10. RECEIVED THREAT OR HAD CLOSE CALL (2)	1	5	18/
11. WITNESSED CLOSE CALL (1)	1	5	19/
12. WITNESSED CLOSE CALL (2)	1	5	20/
13. DISASTER: FLOOD	1	5	21/
14. DISASTER: TORNADO OR SERIOUS STORM	1	5	22/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)	1	5	23/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)	1	5	24/
17. OTHER TRAUMA OR OTHER EPISODE (1)	1	5	25/
18. OTHER TRAUMA OR OTHER EPISODE (2)	1	5	26/
19. IF READING, TV., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT DO NOT COUNT AS A TRAUMATIC EXPERIENCE.			
RECORD EXAMPLE HERE: (1)		5	27/
(2)		5	28/

PT41. IF NO 5'S IN COLUMNS FOR PT35-40, SKIP TO A.

IF 5'S IN PT35-40, CIRCLE NO. OF CORRESPONDING LINES AND ASK FOR EACH:

After (EXAMPLE), did you find that you avoided situations or activities that might remind you of it?

CODE AND REPEAT FOR ALL CIRCLED NUMBERS. THEN GO TO A.

A. Have you had any (other) experience so horrible that afterwards you would avoid any activities or situations that reminded you of it?

NO... (SKIP TO **C.1A**)... 1
YES... (GO TO B)... 5

29/

B. What (other) experience have you had that caused you to avoid activities or situations that would remind you of it? Anything else?

ENTER EXAMPLE ON UNUSED LINE AND CIRCLE 5.

PERSONALLY EXPERIENCED OR VIEWED:

	NO	YES	
1. COMBAT (1)	1	5	30/
2. COMBAT (2)	1	5	31/
3. ACCIDENT—OWN	1	5	32/
4. ACCIDENT—VIEWED	1	5	33/
5. PHYSICAL ATTACK ON SELF (1)	1	5	34/
6. PHYSICAL ATTACK ON SELF (2)	1	5	35/
7. SAW SOMEONE HURT/KILLED (1)	1	5	36/
8. SAW SOMEONE HURT/KILLED (2)	1	5	37/
9. RECEIVED THREAT OR HAD CLOSE CALL (1)	1	5	38/
10. RECEIVED THREAT OR HAD CLOSE CALL (2)	1	5	39/
11. WITNESSED CLOSE CALL (1)	1	5	40/
12. WITNESSED CLOSE CALL (2)	1	5	41/
13. DISASTER: FLOOD	1	5	42/
14. DISASTER: TORNADO OR SERIOUS STORM	1	5	43/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)	1	5	44/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)	1	5	45/
17. OTHER TRAUMA OR OTHER EPISODE (1)	1	5	46/
18. OTHER TRAUMA OR OTHER EPISODE (2)	1	5	47/
19. IF READING, TV., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL DEATH, CIRCLE 5 HERE BUT DO NOT COUNT AS A TRAUMATIC EXPERIENCE.			
RECORD EXAMPLE HERE: (1)	5		48/
(2)	5		49/

C.1A IS THERE AT LEAST ONE 5 IN COLUMNS FOR PT35-40?

NO ... (SKIP TO Q.72) ... 1
YES ... (GO TO PT42) ... 5

50/

PT42. FOR 5'S IN PT35-40, CIRCLE NO. OF CORRESPONDING LINES AND ASK FOR EACH:

When you were in a situation that reminded you of (EXAMPLE),
did you find that any of the problems you had got worse,
problems like (LIST BOLDED PHRASES CODED 5 FOR
THAT EXAMPLE IN PT35-40A)?

CODE AND REPEAT FOR EACH CIRCLED NUMBER.

PERSONALLY EXPERIENCED OR VIEWED:

	NEVER REMINDS	NO	YES	
1. COMBAT (1)	6	1	5	51/
2. COMBAT (2)	6	1	5	52/
3. ACCIDENT—OWN	6	1	5	53/
4. ACCIDENT—VIEWED	6	1	5	54/
5. PHYSICAL ATTACK ON SELF (1)	6	1	5	55/
6. PHYSICAL ATTACK ON SELF (2)	6	1	5	56/
7. SAW SOMEONE HURT/KILLED (1)	6	1	5	57/
8. SAW SOMEONE HURT/KILLED (2)	6	1	5	58/
9. RECEIVED THREAT OR HAD CLOSE CALL (1)	6	1	5	59/
10. RECEIVED THREAT OR HAD CLOSE CALL (2)	6	1	5	60/
11. WITNESSED CLOSE CALL (1)	6	1	5	61/
12. WITNESSED CLOSE CALL (2)	6	1	5	62/
13. DISASTER: FLOOD	6	1	5	63/
14. DISASTER: TORNADO OR SERIOUS STORM	6	1	5	64/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)	6	1	5	65/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)	6	1	5	66/
17. OTHER TRAUMA OR OTHER EPISODE (1)	6	1	5	67/
18. OTHER TRAUMA OR OTHER EPISODE (2)	6	1	5	68/

19. IF READING, TV., MOVIES, ILLNESS, NERVOUS BREAKDOWN, BAD NEWS OTHER
THAN SUDDEN DEATH/SERIOUS INJURY OF LOVED ONE, OR WITNESSED NATURAL
DEATH, CIRCLE 5 HERE BUT DO NOT COUNT AS A TRAUMATIC EXPERIENCE.

RECORD EXAMPLE HERE: (1) 5 69/
(2) 5 70/

PT43. FOR 5'S IN COLUMNS FOR PT35-41, CIRCLE NO. OF CORRESPONDING LINES AND ASK FOR EACH:

Did you tell a doctor about the problem(s) you had after (EXAMPLE)?

CODE IN COLUMN I. IF NO, ASK A. IF YES, GO TO B.

A. Did you tell any other professional about these problems you had after (EXAMPLE)?

CODE IN COLUMN II, AND ASK B.

B. Did you take medication more than once because of these problems you had after (EXAMPLE)?

CODE IN COLUMN III, AND ASK C.

C. Did the problems you had after (EXAMPLE) interfere with your life or activities a lot?

CODE IN COLUMN IV, AND GO TO NEXT CIRCLED NUMBER (OR PT44).

	DOCTOR I.		A. II.		B. III.		C. IV.		
	NO	YES	NO	YES	NO	YES	NO	YES	
1. COMBAT (1)	1	5	1	5	1	5	1	5	08/
2. COMBAT (2)	1	5	1	5	1	5	1	5	12/
3. ACCIDENT—OWN	1	5	1	5	1	5	1	5	16/
4. ACCIDENT—VIEWED	1	5	1	5	1	5	1	5	20/
5. PHYSICAL ATTACK ON SELF (1)	1	5	1	5	1	5	1	5	24/
6. PHYSICAL ATTACK ON SELF (2)	1	5	1	5	1	5	1	5	28/
7. SAW SOMEONE HURT/KILLED (1)	1	5	1	5	1	5	1	5	32/
8. SAW SOMEONE HURT/KILLED (2)	1	5	1	5	1	5	1	5	36/
9. RECEIVED THREAT OR HAD CLOSE CALL (1)	1	5	1	5	1	5	1	5	40/
10. RECEIVED THREAT OR HAD CLOSE CALL (2)	1	5	1	5	1	5	1	5	44/
11. WITNESSED CLOSE CALL (1)	1	5	1	5	1	5	1	5	48/
12. WITNESSED CLOSE CALL (2)	1	5	1	5	1	5	1	5	52/
13. DISASTER: FLOOD	1	5	1	5	1	5	1	5	56/
14. DISASTER: TORNADO OR SERIOUS STORM	1	5	1	5	1	5	1	5	60/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)	1	5	1	5	1	5	1	5	64/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)	1	5	1	5	1	5	1	5	08/
17. OTHER TRAUMA OR OTHER EPISODE (1)	1	5	1	5	1	5	1	5	12/
18. OTHER TRAUMA OR OTHER EPISODE (2)	1	5	1	5	1	5	1	5	16/

BEGIN DECK 08

PT44. FOR 5'S IN PT35-41, CIRCLE NO. OF CORRESPONDING LINES AND ASK FOR EACH:

How old were you when (EXAMPLE) happened?	AGE	
1. COMBAT (1)	<input type="text"/> <input type="text"/>	20/
2. COMBAT (2)	<input type="text"/> <input type="text"/>	22/
3. ACCIDENT—OWN	<input type="text"/> <input type="text"/>	24/
4. ACCIDENT—VIEWED	<input type="text"/> <input type="text"/>	26/
5. PHYSICAL ATTACK ON SELF (1)	<input type="text"/> <input type="text"/>	28/
6. PHYSICAL ATTACK ON SELF (2)	<input type="text"/> <input type="text"/>	30/
7. SAW SOMEONE HURT/KILLED (1)	<input type="text"/> <input type="text"/>	32/
8. SAW SOMEONE HURT/KILLED (2)	<input type="text"/> <input type="text"/>	34/
9. RECEIVED THREAT OR HAD CLOSE CALL (1)	<input type="text"/> <input type="text"/>	36/
10. RECEIVED THREAT OR HAD CLOSE CALL (2)	<input type="text"/> <input type="text"/>	38/
11. WITNESSED CLOSE CALL (1)	<input type="text"/> <input type="text"/>	40/
12. WITNESSED CLOSE CALL (2)	<input type="text"/> <input type="text"/>	42/
13. DISASTER: FLOOD	<input type="text"/> <input type="text"/>	44/
14. DISASTER: TORNADO OR SERIOUS STORM	<input type="text"/> <input type="text"/>	46/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE: (1)	<input type="text"/> <input type="text"/>	48/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE: (2)	<input type="text"/> <input type="text"/>	50/
17. OTHER TRAUMA OR OTHER EPISODE (1)	<input type="text"/> <input type="text"/>	52/
18. OTHER TRAUMA OR OTHER EPISODE (2)	<input type="text"/> <input type="text"/>	54/

PT45. FOR 5'S IN PT35-41, CIRCLE NO. OF CORRESPONDING LINES AND ASK FOR EACH:

How soon after (EXAMPLE) did you start to have the problems we talked about?

SAME DAY	THAT WEEK	THAT MONTH	W. IN 6 MOS	W IN YEAR	W/IN 3 YRS	> 3 YRS
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1. COMBAT (1)	1	2	3	4	5	6	7	56/
2. COMBAT (2)	1	2	3	4	5	6	7	57/
3. ACCIDENT—OWN	1	2	3	4	5	6	7	58/
4. ACCIDENT—VIEWED	1	2	3	4	5	6	7	59/
5. PHYSICAL ATTACK ON SELF (1)	1	2	3	4	5	6	7	60/
6. PHYSICAL ATTACK ON SELF (2)	1	2	3	4	5	6	7	61/
7. SAW SOMEONE HURT/KILLED (1)	1	2	3	4	5	6	7	62/
8. SAW SOMEONE HURT/KILLED (2)	1	2	3	4	5	6	7	63/
9. RECEIVED THREAT OR HAD CLOSE CALL (1) ...	1	2	3	4	5	6	7	64/
10. RECEIVED THREAT OR HAD CLOSE CALL (2) ..	1	2	3	4	5	6	7	65/
11. WITNESSED CLOSE CALL (1)	1	2	3	4	5	6	7	66/
12. WITNESSED CLOSE CALL (2)	1	2	3	4	5	6	7	67/
13. DISASTER: FLOOD	1	2	3	4	5	6	7	68/
14. DISASTER: TORNADO OR SERIOUS STORM ...	1	2	3	4	5	6	7	69/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)	1	2	3	4	5	6	7	70/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)	1	2	3	4	5	6	7	71/
17. OTHER TRAUMA OR OTHER EPISODE (1)	1	2	3	4	5	6	7	72/
18. OTHER TRAUMA OR OTHER EPISODE (2)	1	2	3	4	5	6	7	73/

PT46. FOR 5'S IN PT35-41, CIRCLE NO. OF CORRESPONDING LINES AND ASK FOR EACH:

For how many days, weeks months or years did you continue to have any of these problems at least a few times a week because of (EXAMPLE)?

	NEVER THAT OFTEN	<1 WEEK	<1 MONTH	<6 MOS	<1 YEAR	<3 YRS	>3 YRS	
1. COMBAT (1)	0	1	2	3	4	5	6	08/
2. COMBAT (2)	0	1	2	3	4	5	6	09/
3. ACCIDENT—OWN	0	1	2	3	4	5	6	10/
4. ACCIDENT—VIEWED	0	1	2	3	4	5	6	11/
5. PHYSICAL ATTACK ON SELF (1)	0	1	2	3	4	5	6	12/
6. PHYSICAL ATTACK ON SELF (2)	0	1	2	3	4	5	6	13/
7. SAW SOMEONE HURT/KILLED (1)	0	1	2	3	4	5	6	14/
8. SAW SOMEONE HURT/KILLED (2)	0	1	2	3	4	5	6	15/
9. RECEIVED THREAT OR HAD CLOSE CALL (1) ..	0	1	2	3	4	5	6	16/
10. RECEIVED THREAT OR HAD CLOSE CALL (2) ..	0	1	2	3	4	5	6	17/
11. WITNESSED CLOSE CALL (1)	0	1	2	3	4	5	6	18/
12. WITNESSED CLOSE CALL (2)	0	1	2	3	4	5	6	19/
13. DISASTER: FLOOD	0	1	2	3	4	5	6	20/
14. DISASTER: TORNADO OR SERIOUS STORM ...	0	1	2	3	4	5	6	21/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)	0	1	2	3	4	5	6	22/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)	0	1	2	3	4	5	6	23/
17. OTHER TRAUMA OR OTHER EPISODE (1)	0	1	2	3	4	5	6	24/
18. OTHER TRAUMA OR OTHER EPISODE (2)	0	1	2	3	4	5	6	25/

PT47. FOR 5'S IN PT35-41, CIRCLE NO. OF CORRESPONDING LINES AND ASK FOR EACH:

When was the last time you had any of these problems because of (EXAMPLE)?

W/IN LAST 2 WKS	2 WKS TO < 1 MO	1 MO TO < 6 MOS	6 MOS TO < 1 YR	1 YR +	IF 1 YR - ASK: How old were you then? (ENTER AGE)
-----------------------	-----------------------	-----------------------	-----------------------	--------	--

1. COMBAT (1)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	26/
2. COMBAT (2)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	29/
3. ACCIDENT—OWN	1	2	3	4	5	<input type="text"/>	<input type="text"/>	32/
4. ACCIDENT—VIEWED	1	2	3	4	5	<input type="text"/>	<input type="text"/>	35/
5. PHYSICAL ATTACK ON SELF (1)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	38/
6. PHYSICAL ATTACK ON SELF (2)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	41/
7. SAW SOMEONE HURT/KILLED (1)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	44/
8. SAW SOMEONE HURT/KILLED (2)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	47/
9. RECEIVED THREAT OR HAD CLOSE CALL (1)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	50/
10. RECEIVED THREAT OR HAD CLOSE CALL (2)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	53/

BEGIN DECK 10

11. WITNESSED CLOSE CALL (1)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	08/
12. WITNESSED CLOSE CALL (2)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	11/
13. DISASTER: FLOOD	1	2	3	4	5	<input type="text"/>	<input type="text"/>	14/
14. DISASTER: TORNADO OR SERIOUS STORM	1	2	3	4	5	<input type="text"/>	<input type="text"/>	17/
15. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (1)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	20/
16. NEWS OF UNEXPECTED DEATH/INJURY OF SOMEONE CLOSE (2)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	23/
17. OTHER TRAUMA OR OTHER EPISODE (1)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	26/
18. OTHER TRAUMA OR OTHER EPISODE (2)	1	2	3	4	5	<input type="text"/>	<input type="text"/>	29/

CODES	
1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

Depression: Qs. 72-99

72. In your lifetime, have you ever had two weeks or more during which you felt sad, blue, depressed, or when you lost all interest and pleasure in things that you usually cared about or enjoyed? 1 5 32/

73. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt OK sometimes? 1 2 5 33/

[F] INTERVIEWER: IN Q. 73, DID R TELL DOCTOR? NO 1 34/ YES 5

INTERVIEWER: ASK Q. 74-89, OMIT WORDS IN (). CODE IN COLUMN I.

I
EVER IN
LIFETIME

II
(WORST
PERIOD)

APPETITE

NO YES

74. Has there ever been a period of two weeks or longer when you lost [Did you lose] your appetite? CAN BE POSITIVE EVEN IF FOOD INTAKE IS NORMAL MD: _____ OTHER: _____ 1 3 4 5 1 5 35/ 36/

75. Have you ever lost [Did you lose] weight without trying to—as much as two pounds a week for several weeks [or as much as 10 pounds altogether]? MD: _____ OTHER: _____ 1 3 4 5 1 5 37/ 38/

76. Have you ever had a period when your eating increased so much [Did your eating increase so much] that you gained as much as two pounds a week for several weeks [or 10 pounds altogether]? MD: _____ OTHER: _____ 1 3 4 5 1 5 39/ 40/

SLEEP

77. Have you ever had a period of two weeks or more when you had [Did you have] trouble falling asleep, staying asleep, or waking up too early? MD: _____ OTHER: _____ 1 3 4 5 1 5 41/ 42/

78. Have you ever had a period of two weeks or longer when you were [Were you] sleeping too much? MD: _____ OTHER: _____ 1 3 4 5 1 5 43/ 44/

		I EVER IN LIFETIME					II (WORST PERIOD)			
							NO	YES		
TIRED										
79.	Has there ever been a period lasting two weeks or more when you felt [Did you feel] tired out all the time?									
MD:	OTHER:	1	3	4	5		1	5	45/ 46/	

SLOW/RESTLESS

80.	Has there ever been a period of two weeks or more when you talked or moved [Did you talk or move] more slowly than is normal for you?									
MD:	OTHER:	1	3	4	5		1	5	47/ 48/	
81.	Has there ever been a period of two weeks or more when you had [Did you have] to be moving all the time — that is, you couldn't sit still and paced up and down?									
MD:	OTHER:	1	3	4	5		1	5	49/ 50/	

LOST INTEREST

82.	Was there ever a period of several weeks when your interest in sex was [Was your interest in sex] a lot less than usual?									
MD:	OTHER:	1	2	3	4	5	6	1	5	51/ 52/
IF VOLUNTEERS NO INTEREST EVER, CODE 6										

WORTHLESS

83.	Has there ever been a period of two weeks or more when you felt [Did you feel] worthless , sinful, or guilty?									
		1				5		1	5	53/ 54/

TROUBLE THINKING

84.	Has there ever been a period of two weeks or more when you had [Did you have] a lot more trouble concentrating than is normal for you?									
MD:	OTHER:	1	3	4	5		1	5	55/ 56/	
85.	Have you ever had a period of two weeks or more when your thoughts came [Did your thoughts come] much slower than usual or seemed mixed up?									
MD:	OTHER:	1	3	4	5		1	5	57/ 58/	

CODES

1 = no 4 = med. exp.
 2 = below crit. 5 = yes
 3 = drugs or alc.

I
 EVER IN
 LIFETIME

II
 (WORST
 PERIOD)

NO YES

THOUGHTS OF DEATH

86. Has there ever been a period of two weeks or more when you **thought** [Did you think] a lot about **death**—either your own, someone else's, or death in general?

1

5

1

5

59/
60/

87. Has there ever been a period of two weeks or more when you felt [Did you feel] like you **wanted to die**?

1

5

1

5

61/
62/

88. Have you ever felt [Did you feel] so low you **thought of committing suicide**?

1

5

1

5

63/
64/

89. Have you ever **attempted** [Did you attempt] **suicide**?

1

5

1

5

65/
66/

G INTERVIEWER: HAVE 5'S BEEN CODED IN 3 OR MORE BOXES SINCE Q. 74?

NO (SKIP TO Q.100) 1
 YES (GO TO **H**) 5

67/

H INTERVIEWER: IS Q. 72 CODED 1 OR 5?

CODED 1.. (SKIP TO Q.91) 1
 CODED 5.. (ASK Q.90) 5

68/

90. You said you've had a period of feeling (depressed or blue/OWN EQUIVALENT) and also said you've had some other problems like (LIST ALL 5'S IN QS. 74-89). Has there ever been a time when the feelings of depression and some of these other problems occurred together—that is, within the same month?

NO (ASK A) 1
 YES ... (SKIP TO Q.92) .. 5

69/

A. So there's never been a period when you felt (sad/blue/depressed/OWN EQUIVALENT) at the same time you were having some of these other problems?

NEVER BEEN A PERIOD ... (SKIP TO Q.100) ... 1
 HAS BEEN A PERIOD (SKIP TO Q.92) 5

70/

91. You said you have had periods when (LIST ALL 5'S IN QS. 74-89). Was there ever a time when several of these problems occurred together—that is, within the same month?

NO (SKIP TO Q.100) 1 08/
YES (ASK A) 5

- A. When you were having some of these problems, at about the same time were you feeling okay, or were you feeling low, gloomy, blue, or uninterested in everything?

OKAY (SKIP TO Q.100) 1 09/
GLOOMY, LOW, ETC (ASK Q.92) 5

92. What's the longest spell you've ever had when you felt (blue/OWN EQUIVALENT) and had several of these other problems at the same time? IF WHOLE LIFE OR MORE THAN 19 YEARS, ENTER 996.

YEARS X 52 = # WEEKS
MONTHS X 4 = # WEEKS

10/
WEEKS

INTERVIEWER: IF ONE DAY TO 13 DAYS, CODE 001 AND SKIP TO Q.100.

93. Now I'd like to ask about spells when you felt both (depressed/OWN EQUIVALENT) and had some of these other problems like (LIST 2 OR 3 ITEMS CODED 5 IN QS. 74-89). In your lifetime, how many spells like that have you had that lasted two weeks or more? IF 96 SPELLS OR MORE, ENTER 96.

13/
SPELLS

94. Did you tell a doctor about (that spell/any of those spells)?

NO (ASK A) 1
YES (SKIP TO Q.95) 5 15/

- A. Did you tell any other professional about (it/any of them)?

NO 1
YES (SKIP TO Q.95) 5 16/

- B. Did you take medication more than once because of (that spell/any of those spells)?

NO 1
YES (SKIP TO Q.95) 5 17/

- C. Did (that spell/those spells) interfere with your life or activities a lot?

NO 1
YES 5 18/

95. How old were you the first time you had a spell for two weeks or more where you felt (sad/OWN EQUIVALENT) and had some of these other problems (such as _____)?

AGE	

19/

96. Did (this spell/any of those spells) occur just after someone close to you died?
IF VOLUNTEERS BEGAN MORE THAN 2 MONTHS AFTER DEATH, CODE 1 AND SKIP TO Q.97.

NO (SKIP TO Q.97) 1
YES ... (ASK A) 5

21/

- A. Have you had any spell of (depression/OWN EQUIVALENT) along with these other problems like (LIST 3 SXS CODED 5 FROM QS. 74-89) at times when it wasn't just after a death?

ONLY JUST AFTER DEATH 2
OTHER TIMES OR NOT JUST AFTER DEATH 5

22/

97. Are you now in one of these spells of feeling (low/uninterested/OWN EQUIVALENT) while having some of these other problems?

NO (ASK A) 5
YES ... (SKIP TO ☐) 1

23/

- A. When did your last spell like that end?

CODE MOST RECENT TIME POSSIBLE

Within last 2 weeks (SKIP TO ☐) 1
Within last month (SKIP TO ☐) 2
Within last 6 months ... (SKIP TO ☐) 3
Within last year (SKIP TO ☐) 4
More than 1 year ago .. (ASK B) 5

24/

- B. How old were you then?

AGE	

25/

- | | |
|----------------------------|--|
| <input type="checkbox"/> I | INTERVIEWER: IS MORE THAN ONE SPELL CODED IN Q.93? |
|----------------------------|--|

NO (GO TO ☐) 1
YES ... (SKIP TO Q.98) 5

27/

- | | |
|----------------------------|--|
| <input type="checkbox"/> J | INTERVIEWER: DOES Q.92 = 52 OR MORE WEEKS? |
|----------------------------|--|

NO (SKIP TO Q.99) 1
YES ... (ASK Q.98) 5

28/

CODES

1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

98. Now I'd like to know about the time when you were feeling (depressed/OWN EQUIVALENT) for at least 2 weeks and had the largest number of these other problems at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad spell.)

--	--

AGE

29/

99. I'd like to know which of these other problems you had during (this/that) spell of (depression/OWN EQUIVALENT). For instance, during this/that spell (when you were _____ years old) (BEGINNING WITH WORDS IN [], READ EACH Q. CODED 5 IN QS. 74-89).

IF OCCURRED DURING THIS SPELL OF DEPRESSION CODE 5 IN COL. II
 IF DID NOT OCCUR THEN CODE 1 IN COL. II

Manic Disorders: Qs. 100-117

100. Has there ever been a period of one week or more when you were so happy or excited or high that you got into trouble, or your family or friends worried about it, or a doctor said you were manic?

MED/DRUG/ALC: _____ 1 3 5 31/

INTERVIEWER: ASK QS. 101-108. OMIT WORDS IN [].
CODE IN COLUMN I.

101. Has there ever been a period of a week or more when you were [Were you] so much more active than usual that you or your family or friends were concerned about it?

MED/DRUG/ALC: _____ 1 3 5 1 5 32/33/

102. Has there ever been a period of a week or more when you went [Did you go] on spending sprees—spending so much money that it caused you or your family some financial trouble?

MED/DRUG/ALC: _____ 1 3 5 1 5 34/35/

103. Have you ever had a period of a week or more when your interest in sex was [At that time was your interest in sex] so much stronger than is typical for you that you wanted to have sex a lot more frequently than is normal for you or with people you normally wouldn't be interested in?

MED/DRUG/ALC: _____ 1 3 5 1 5 36/37/

104. Has there ever been a period of a week or more when you talked [Did you talk] so fast that people said they couldn't understand you?

MED/DRUG/ALC: _____ 1 3 5 1 5 38/39/

105. Have you ever had a period of a week or more when thoughts raced [Did thoughts race] through your head so fast that you couldn't keep track of them?

MED/DRUG/ALC: _____ 1 3 5 1 5 40/41/

CODES

1 = no 4 = med. exp.
 2 = below crit. 5 = yes
 3 = drugs or alc.

	I EVER IN LIFETIME			II (WORST PERIOD) <u>NO</u> <u>YES</u>		
06. Have you ever had a period of a week or more when you felt (Did you feel) that you had a special gift or special powers to do things others couldn't do or that you were a specially important person?	1	3	5	1	5	42/ 43/
ASK FOR EXAMPLE BEFORE PROBING: _____						
MED/DRUG/ALC: _____						
17. Has there ever been a period of a week or more when you hardly slept (Did you hardly sleep) at all but still didn't feel tired or sleepy?	1	3	5	1	5	44/ 45/
MED/DRUG/ALC: _____						
18. Was there ever a period of a week or more when you were (Were you) easily distracted so that any little interruption could get you off the track?	1	3	5	1	5	46/ 47/
MED/DRUG/ALC: _____						

K INTERVIEWER: HOW MANY 5'S ARE CODED IN QS. 101-108?						
			THREE OR MORE 5'S ... (GO TO <u>U</u>)	1		
			TWO 5'S ... (SKIP TO <u>M</u>)	2		48/
			NONE OR ONLY ONE ... (SKIP TO Q.118)	3		
J INTERVIEWER: IS Q.100 CODED 5?						
			NO ... (SKIP TO Q.110)	1		
			YES ... (ASK Q.109)	5		49/
A INTERVIEWER: IS Q.100 CODED 5?						
			NO ... (SKIP TO Q.118)	1		
			YES ... (ASK Q.109)	5		50/

09. You said you've had a period of feeling (happy/excited/manic/OWN EQUIVALENT) and also said you've had some feelings or experiences like (LIST 5'S IN QS.101-108). Has there ever been a time when the feelings of being excited or manic and some of these other feelings or experiences occurred together—that is, within the same month?

NO ... (ASK A)1
YES .. (SKIP TO Q.111)5 51/

- A. So there's never been a period when you felt (very happy/excited/manic/OWN EQUIVALENT) at the same time you were having any of these other experiences?

NEVER BEEN A PERIOD ... (SKIP TO Q.118)1
HAS BEEN A PERIOD (SKIP TO Q.111)5 52/

10. You said you had times when (LIST ALL 5'S IN QS. 101-108). Was there ever a time when some of these feelings or experiences occurred together—that is, within the same month?

NO ... (SKIP TO Q.118)1
YES .. (ASK A)5 53/

- A. When you were feeling that way, were you unusually irritable or likely to fight or argue?

NO ... (SKIP TO Q.118)1
YES5 54/

11. What's the longest spell you've ever had when you felt (happy/high/manic/irritable/OWN EQUIVALENT) for at least a week and had several of these other experiences like (LIST 5'S IN QS. 101-108)?

55/
#WEEKS

12. In your lifetime, how many spells like that have you had that lasted one week or more?
IF 96 SPELLS OR MORE, ENTER 96.

58/
#SPELLS

CODES	
1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

DECK 11

113. Did you tell a doctor about (that spell/any of those spells)?

NO 1
YES (SKIP TO Q.114) 5 60/

A. Did you tell any other professional about (that spell/any of those spells)?

NO 1
YES (SKIP TO Q.114) 5 61/

B. Did you take medication more than once because of (that spell/any of those spells)?

NO 1
YES (SKIP TO Q.114) 5 62/

C. Did (that spell/any of those spells) interfere with your life or activities a lot?

NO 1
YES 5 63/

114. How old were you the first time you had a spell for one week or more where you felt (high/happy/manic/irritable/OWN EQUIVALENT) and had some of these experiences like (LIST ITEMS CODED 5 IN QS. 101-108)?

AGE 64/

115. Are you in one of these spells of feeling (high/happy/irritable/OWN EQUIVALENT) and having some of these experiences now?

NO (ASK A) 5
YES (SKIP TO) 1 66/

A. How long ago did your last period like that end?

CODE MOST
RECENT TIME
POSSIBLE

Within last 2 weeks ... (SKIP TO) ... 1
Within last month ... (SKIP TO) ... 2
Within last 6 months ... (SKIP TO) ... 3 67/
Within last year ... (SKIP TO) ... 4
More than 1 year ago ... (ASK B) 5

B. How old were you then?

AGE 68/

INTERVIEWER: IS MORE THAN ONE SPELL CODED IN Q.112?

NO (SKIP TO Q.117) 1
YES (ASK Q.116) 5 70/

16. Now I'd like to know about the time when you were feeling (high/happy/manic/irritable/OWN EQUIVALENT) and had the largest number of these other experiences at the same time. How old were you at that time? (IF CAN'T CHOOSE: Then pick one bad spell).

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71/

AGE

17. During (this/that) spell of being (high/happy/manic/irritable/OWN EQUIVALENT), which of these experiences did you have? For instance during (this/that) spell (when you were _____ years old) (BEGINNING WITH WORDS IN [I, READ EACH Q. CODED 5 IN QS. 101-108).

IF OCCURRED DURING THIS SPELL OF MANIACODE 5 IN COLUMN II.

IF DID NOT OCCURCODE 1 IN COLUMN II.

CODES	
1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

Schizophrenic and Schizophreniform Disorders: Qs. 118-143

INTERVIEWER: FOR QUESTIONS 118-125 ASK, "Could you tell me about a time when that happened?" BEFORE PROBING, UNLESS AN EXAMPLE IS MENTIONED WHEN ANSWERING MAIN QUESTION OR QUESTION A.

118. Now I want to ask about some ideas you might have had about other people. Have you ever **believed people were watching you or spying on you?**

A. How did you know that was happening?

EX: _____

MD: _____ OTHER: _____ 1 2 3 4 5 6 08/

IF QUALIFIES AS 5, BUT PLAUSIBLE OR JUST SELF-CONSCIOUS, CODE 6.

119. Was there ever a time when you **believed people were following you?**

A. How did you know people were following you?

EX: _____

MD: _____ OTHER: _____ 1 2 3 4 5 6 09/

IF QUALIFIES AS 5, BUT PLAUSIBLE, CODE 6.

120. Have you ever **believed that someone was plotting against you or trying to hurt you or poison you?**

EX: _____

MD: _____ OTHER: _____ 1 2 3 4 5 6 10/

IF QUALIFIES AS 5, BUT PLAUSIBLE, CODE 6.

CODES

1 = no 4 = med. exp.
 2 = below crit. 5 = yes
 3 = drugs or alc.

121. Have you ever believed that someone was reading your mind?

INTERVIEWER: IF NO, CODE 1. OTHERS ASK A.

A. Did they actually know what you thought or were they just guessing from the look on your face or from knowing you for a long time?

INTERVIEWER: IF JUST GUESS, CODE 1. OTHERS ASK FOR AN EXAMPLE AND BEGIN PROBING.

EX: _____

MD: _____ OTHER: _____

1 2 3 4 5 11/

122.1 Have you ever believed you could actually hear what another person was thinking, even though he was not speaking?

INTERVIEWER: IF NO, CODE 1. OTHERS ASK A.

A. How was it possible for you to hear what a person thought if that person didn't say anything?

EX: _____

MD: _____ OTHER: _____

1 2 3 4 5 12/

122.2 Have you ever believed that others could hear your thoughts?

INTERVIEWER: IF NO, CODE 1. OTHERS ASK A.

A. How did they do that?

EX: _____

MD: _____ OTHER: _____

1 2 3 4 5 13/

123. Have you ever believed that others were controlling how you moved or what you thought against your will?

EX: _____

MD: _____ OTHER: _____

1 2 3 4 5 14/

24. Have you ever felt that **someone** or something could put **strange thoughts** directly into your mind or could take or steal your thoughts out of your mind?

EX: _____

MD: _____ OTHER: _____

1 2 3 4 5 15/

25. Have you ever believed that **you were** being sent special **messages** through television or the radio, or that a radio or television program had been arranged especially for you?

EX: _____

MD: _____ OTHER: _____

1 2 3 4 5 16/

26.

INTERVIEWER: RECORD ANY VOLUNTEERED DELUSIONS NOT CODABLE IN QS.118-125. DO NOT ASK. IF NONE, CODE 1.

EX: _____

MD: _____ OTHER: _____

1 2 3 4 5 17/

<input type="checkbox"/>	INTERVIEWER: FOR ANY QS. 118-126, DID R TELL MD (ENTRY ON MD LINE)?	NO .....1	
		YES .....5	18/
<input type="checkbox"/>	INTERVIEWER: ARE THERE ANY 5'S CODED IN QS. 118-126?	NO ... (SKIP TO Q.129) ...1	
		YES .. (ASK Q.127) .....5	19/

27. How old were you when you first had any of these beliefs, such as (READ SXS CODED 5 IN QS. 118-126)? ENTER AGE AND SKIP TO Q.128.

--	--

20/

AGE

INTERVIEWER: IF DK AND R IS UNDER 40, CODE 01
IF DK AND R IS 40 OR OLDER, ASK A

A. Were you under 40 or older?

UNDER 40 (RECORD 01 ABOVE)
40 OR MORE (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE)

CODES

1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

128. Do you believe that any of these things are happening at the present time?

NO (ASK A) 5
 YES (SKIP TO Q.129) 1

22/

A. When did you last have one of these beliefs
 (READ SXS CODED 5 IN QS. 118-129)?

CODE MOST
 RECENT TIME
 POSSIBLE

Within last 2 weeks (SKIP TO Q.129) 1
 Within last month (SKIP TO Q.129) 2
 Within last 6 months (SKIP TO Q.129) 3
 Within last year (SKIP TO Q.129) 4
 More than one year ago (ASK 8) 5

23/

--	--

24/

B. How old were you at that time?

AGE

29. Have you ever had the experience of seeing something
 or someone that others who were present could not see —
 that is, had a vision when you were completely awake?

INTERVIEWER: IF NO, CODE 1. ALL OTHERS ASK A.

A. What did you see? RECORD BELOW AND THEN BEGIN PROBING.

1 2 3 4 5 26/

MD: _____ OTHER: _____

30. Have you more than once had the experience of hearing
 things other people couldn't hear, such as a voice?

INTERVIEWER: IF NO, CODE 1 AND SKIP TO Q.131. ALL OTHERS ASK A.

A. What did you hear? RECORD BELOW AND THEN BEGIN PROBING.

MD: _____ OTHER: _____ 1 2 3 4 5 27/

B. Did you ever hear voices that other people couldn't
 hear commenting on what you were doing or thinking? 1 5 28/

C. Did you ever hear two or more voices that other
 people couldn't hear talking to each other? 1 5 29/

31. Have you ever been bothered by strange smells around you that nobody else seemed to be able to smell, perhaps even odors coming from your own body?

INTERVIEWER: IF NO, CODE 1 AND SKIP TO Q.132.
ALL OTHERS ASK A.

A. What did you smell? RECORD BELOW AND THEN BEGIN PROBING.

1 2 3 4 5 30/

MD: _____ OTHER: _____

32. Have you ever had unusual feelings inside or on your body—like being touched when nothing was there or feeling something moving inside your body?

INTERVIEWER: IF NO, CODE 1 AND SKIP TO Q.132.
ALL OTHERS ASK A.

A. What did you feel? RECORD BELOW AND THEN BEGIN PROBING.

1 2 3 4 5 31/

MD: _____ OTHER: _____

2	INTERVIEWER: FOR ANY QS. 129-132, DID R TELL MD (ENTRY ON MD LINE)?	NO .....1 YES .....5	32/
3	INTERVIEWER: ARE THERE ANY 5'S CODED IN QS. 129-132?	NO (SKIP TO S) .....1 YES .. (ASK Q.133) .....5	33/

34. How old were you when you first experienced
(READ EXAMPLES CODED 5 IN QS.129-132)?
ENTER AGE AND SKIP TO Q.134.

--	--

AGE

34/

INTERVIEWER: IF DK AND IS UNDER 40, CODE 01.
IF DK AND R IS 40 OR OLDER, ASK A.

A. Were you under 40 or older?

UNDER 40 (RECORD 01 ABOVE)
40 OR MORE (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE)

36/

CODES

1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

34. When was the last time you ((saw/heard/smelled) something others thought was not there/felt those sensations)?

CODE MOST
RECENT TIME
POSSIBLE

Within last 2 weeks (SKIP TO ☐) 1
 Within last month (SKIP TO ☐) 2
 Within last 6 months ... (SKIP TO ☐) 3
 Within last year (SKIP TO ☐) 4
 More than 1 year ago .. (ASK A) 5

37/

A. How old were you then?

AGE

☐ INTERVIEWER: ARE THERE ANY 5'S CODED IN NO (SKIP TO Q.144) 1
 QS.118-126 OR QS.129-132? YES ... (GO TO ☐) 5 40/

☐ INTERVIEWER: HAS IT BEEN MORE THAN 1 YEAR BETWEEN R'S FIRST DELUSION (Q.127) OR HALLUCINATION (Q.133) AND HIS LAST DELUSION (Q.128) OR HALLUCINATION (Q.134) ? IF YOU ARE NOT CERTAIN, CODE 1.
 NO (ASK Q.135) 1
 YES ... (CODE 5 IN Q.135 AND SKIP TO Q.136) 5 41/

35. We've talked about certain beliefs or experiences you had like (LIST SXS CODED 5 IN QS.118-126 AND QS.129-132). Did as much as 6 months go by from the time you first (thought/experienced) any of these to the last time you did?
 NO (ASK A) 1
 YES ... (SKIP TO Q.136) 5 42/

A. Was it as long as two weeks from the first time to the last time?
 NO 1
 YES 5 43/

36. At the time you had these beliefs or experiences (LIST SXS CODED 5 IN QS. 118-126 AND QS. 129-132) were you your normal self otherwise, or were you feeling nervous, upset, unable to work, unable to go places or unable to enjoy yourself?
 NORMAL (SKIP TO Q.137) 1
 NOT NORMAL .. (ASK A) 5 44/

A. Did that period of not feeling or acting normal last 6 months or more?
 NO ... (ASK B) 1
 YES .. (SKIP TO ☐) 5 45/

B. Did it last as long as two weeks?
 NO 1
 YES 5 46/

137. READ WITH BRACKETED PHRASE:

If you were to add up all the periods of time when you've had these beliefs or experiences (or any other serious difficulty with emotional or mental problems), would this add up to as much as six months? (PROBE: Subtracting any time you've been well since you first had a problem?) IF R DENIES SERIOUS PROBLEMS, REPEAT QUESTION OMITTING PHRASE IN BRACKETS.

NO (ASK A) 1
YES (SKIP TO ☐ U) 5 47

A. Did it last as long as two weeks?

NO 1
YES 5 48/

☐ U INTERVIEWER: IS AGE RECORDED IN Q.127 OR Q.133 LESS THAN 12?

NO (ASK QS.138-139) 1
YES (SKIP TO ☐ V) 5 49/

38. After you first had these beliefs or experiences, did you find that you were less able to do your work well?

NO, NO EFFECT 1
YES, LESS ABLE 5 50/

39. After you first had these beliefs or experiences, were you less able to enjoy social relationships?

NO 1
YES 5 51/

☐ V INTERVIEWER: WAS R EVER DEPRESSED OR MANIC?

DEPRESSED IF: Q.72 OR Q.91A CODED 5.

MANIC IF: Q.100 OR Q.110A CODED 5.

NO, NOT DEPRESSED OR MANIC (SKIP TO ☐ W) 1
YES, DEPRESSED OR MANIC (GO TO Q.140) 5 52/

0. Did you ever have any of these beliefs or experiences like (LIST SX CODED 5 IN QS. 118-126 AND QS.129-132) before the first spell of feeling (blue/high/irritable) you told me about?

NO 1
YES (SKIP TO ☐ W) 5 53/

A. Did these beliefs or experiences ever occur at any time other than during a period when you were feeling (depressed/high/irritable)?

NO, ONLY WHEN (BLUE/HIGH/IRRITABLE) 1
YES, OTHER TIMES 5 54/

☐ I INTERVIEWER: IS INTERVIEWER BOX ☐ U CODED 5?

NO (GO TO Q.141) 1
YES (SKIP TO Q.143) 5 55/

CODES

1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

141. You said you first had any of these beliefs or experiences at age _____ (EARLIER OF AGES IN Q.127 and 133). Think about the two years before that, when you were _____ and _____. Were you up to doing your regular activities like school or work (or housework) throughout almost all of that two-year period?

NO ... (ASK A)	5	56/
YES ... (SKIP TO Q.142)	1	

- A. Was that entirely due to physical illness or injury?

NO	5	57/
YES	4	

142. During that same two years, were you going out and seeing friends throughout almost all of that period? IF R SAYS NO FRIENDS EVER, CODE 5.

NO	5	58/
VOLUNTEERS MEDICAL EXPLANATION ...	4	
YES	1	

143. Since you first had one of these beliefs or experiences or any emotional or nervous trouble, have you ever had a period when you were not taking medicine for your nerves and you were completely back to normal? By back to normal, I mean at least a year when you were not having nervous or emotional problems or unusual thoughts or ideas, and when you were able to work (including housework) every day, go places, and enjoy yourself.

NO, NEVER BACK TO NORMAL	5	59/
YES, BACK TO NORMAL	1	

144. Now I'd like to ask you about problems you might have had with your weight. Have you ever thought that you were too fat or in danger of getting too fat?

1 2 5 60/

145. Have you ever lost a lot of weight — that is, 15 pounds or more, either by dieting or without meaning to (not by having a baby or an operation)?

1 3 4 5

IF NO, SKIP TO Q.B1
IF YES, SEE BELOW BEFORE PROBING.

IF LOSS DUE TO DIET PILLS, WATER PILLS, LAXATIVES, ENEMAS CODE 5

IF LOSS DUE TO DRUG ADDICTION OR ALCOHOL CODE 3

IF PHYSICAL ILLNESS IS ANOREXIA, ANOREXIA NERVOSA, OR SELF-INDUCED VOMITING OR SELF-INDUCED DIARRHEA CODE 5

61/

MD: _____ OTHER: _____

A. What is the lowest weight that you ever reached after losing 15 pounds or more?

--	--	--

#LBS.

62/

☒ INTERVIEWER: IF WOMAN: IS # LBS. ENTERED IN Q.145A
125 LBS. OR MORE?

IF MAN: IS # LBS. ENTERED IN Q.145A
140 LBS. OR MORE?

NO (ASK B) 1
YES (SKIP TO Q.B1) ... 5

65/

B. How tall were you then?

--

FT.

--	--

INCHES

66/

C. How old were you the first time you lost 15 pounds or more? ENTER AGE AND SKIP TO Q.146.

--	--

AGE

69/

INTERVIEWER: IF DK AND R IS UNDER 25, CODE 01.
IF DK AND R IS 25 OR OLDER, ASK D.

D. Do you think you were older or younger than 25?

YOUNGER THAN 25 (RECORD 01 ABOVE)
25 OR MORE (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE)

71/

CODES	
1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

146. Did you ever think you were overweight when other people such as your parents or friends said you had gotten too thin?

NO 1	08.
YES 5	

147. INTERVIEWER: DID R TELL DOCTOR IN Q.145?

NO 1	09.
YES 5	

148. FOR WOMEN ONLY: Did your periods stop shortly before or during any time you were losing weight?

MD: _____ OTHER: _____ 1 4 5 10.

Bulimia: Qs.B1-B17

B1. Have you ever had periods when you would eat abnormally large amounts of food within a few hours—that is binge eating?

NO ... (SKIP TO Q.149) 1
YES ... (ASK A) 5 11/

A. Have you had several periods like that?

NO ... (SKIP TO Q.149) 1
YES 5 12/

B2. When you ate these large amounts, did you eat high caloric or fattening foods, like cookies, or ice cream, or pizza, or french fries?

NO 1
HIGH CALORIE OR FATTENING FOODS 5 13/

B3. When you ate these large amounts, did you try to eat in private so that others wouldn't see how much you were eating?

NO 1
YES 5 14/

B4. Have you ever been afraid that you might not be able to stop one of these eating binges?

NO 1
YES 5 15/

B5. When you ate unusually large amounts, have you ever had to do something special to make yourself quit—like vomiting or going to sleep or leaving the house?

NO 1
YES 5 16/

B6. Have you sometimes stopped only because you had belly pain?

NO 1
YES 5 17/

B7. After an eating binge, do you feel especially good, especially depressed or down in the dumps, or are you in your normal mood?

GOOD 1
NORMAL 2
DEPRESSED OR DOWN IN THE DUMPS ... 5 18/

B8. After an eating binge, do you feel disappointed in yourself or angry with yourself?

NO 1
YES 5 19/

B9. Have you ever spoken to a doctor about your eating binges?

NO 1
YES 5 20/

B10. What is the most weight you have gained as a result of a period of binge eating?

--	--

#LBS.

21/

IF DK: Was it more than 10 lbs.?
 IF NO, CODE 01.
 IF YES, CODE 95.
 IF DK, CODE 98 AND SKIP TO Q.B11.

IF 10 LBS. OR LESS, GO TO Q.B11.
 IF MORE THAN 10 LBS., ASK A.

A. Have you gained more than 10 pounds from
 bingeing once, twice, or more often?

ONCE 1
 TWICE 2
 MORE OFTEN 5

23/

B11. Have you ever tried fasting for several days in order to make up for eating
 binges—not eating at all or only taking liquids?

NO (SKIP TO Q.B12) 1
 YES (ASK A) 5

24/

A. What is the most weight you've ever lost by fasting after a
 binge?

--	--

#LBS.

25

IF DK: Was it more than 10 lbs.?
 IF NO, CODE 01.
 IF YES, CODE 95.
 IF DK, CODE 98 AND SKIP TO Q.B12.

IF 10 LBS. OR LESS, SKIP TO Q.B12.
 IF MORE THAN 10 LBS., ASK B.

B. Have you lost more than 10 pounds by fasting after a binge only once,
 twice, or more often?

ONCE 1
 TWICE 2
 MORE OFTEN 5

27/

B12. Have you ever been on a very strict diet—where you ate only a few
 foods or ate very little for a week or more?

NO (SKIP TO Q.B13) 1
 YES (ASK A) 5

28/

A. How often have you done that, once, twice, or more often?

ONCE 1
 TWICE 2
 MORE OFTEN 5

29/

B13. Have you ever taken water pills or diuretics for several days to get your weight down?

NO ... (SKIP TO Q.B14.) 1
YES ... (ASK A) 5 30/

A. Have you done that once, twice, or more often?

ONCE 1
TWICE 2 31/
MORE OFTEN 5

B14. Have you ever taken laxatives to get your weight down?

NO ... (SKIP TO Q.B15) 1
YES ... (ASK A) 5 32/

A. Have you done that once, twice, or more often?

ONCE 1
TWICE 2 33/
MORE OFTEN 5

B15. Have you ever made yourself vomit in order to keep from gaining weight?

NO ... (SKIP TO Q.B16) 1
YES ... (ASK A) 5 34/

A. Have you done that once, twice, or more often?

ONCE 1
TWICE 2 35/
MORE OFTEN 5

B16. How old were you when you had your first eating binge?

AGE

36/

BEGIN DECK 14

B17. When was your last eating binge?

Within last 2 weeks or current ... (SKIP TO Q.149) ... 1
Within last month ... (SKIP TO Q.149) ... 2
Within last 6 months ... (SKIP TO Q.149) ... 3 08/
Within last year ... (SKIP TO Q.149) ... 4
More than 1 year ago ... (ASK A) 5

*In III 5 Within last year
OK when
6 More than 1 yr ago
(ASK A)*

A. How old were you the last time?

AGE

09/

Alcohol Abuse and Dependence: Qs. 149-171
Antisocial Personality: Q. 149

149. Now I am going to ask you some questions about using alcohol. How old were you the first time you ever drank enough to get drunk?
 (NEVER = 00; BABY, INFANT = 02)

AGE

11/

INTERVIEWER: IF 15 OR OLDER, SKIP TO Q.150.
 IF LESS THAN 15, ASK B.
 IF DK, ASK A.

- A. Do you think it was before
 or after you were 15?

BEFORE 15 (RECORD 01 ABOVE & ASK B)
 15 OR OLDER (RECORD 95 ABOVE & SKIP TO Q.150)
 STILL DK (RECORD 98 ABOVE & SKIP TO Q.150)

13/

- B. Did you get drunk more than
 once before you were 15?

NO 1
 YES 5

14/

150. Has your family ever objected because
 you were drinking too much?

NO 1
 YES, BUT VOLUNTEERS IT WAS NOT EXCESSIVE BY
 ORDINARY STANDARDS (I.E., THEY OBJECTED
 TO TAKING ONE DRINK) 2
 YES 5*

15/

- ☒ X.1 INTERVIEWER: DID R VOLUNTEER HE HAS NEVER HAD A DRINK?

NO 1
 YES (SKIP TO Q.172) 5

16/

151. Did you ever think that you were an excessive drinker?

NO 1
 YES 5*

17/

152. Have you ever drunk as much as a fifth of liquor in one
 day, that would be about 20 drinks, or 3 bottles of wine,
 or as much as 3 six-packs of beer in one day?
 IF VOLUNTEERS ONLY ONCE, CODE 2

NO 1
 ONLY ONCE 2
 YES 5*

18/

153. Has there ever been a period of **two weeks when every day you were drinking 7 or more beers, 7 or more drinks, or 7 or more glasses of wine?**

NO (SKIP TO Q.154) 1 19/
YES ... (ASK A) 5*

A. How long has it been since you drank that much or do you still?

CODE MOST
RECENT TIME
POSSIBLE

Still or within last 2 weeks (SKIP TO Q.155) ... 1
Within last month (SKIP TO Q.154A) ... 2
Within last 6 months (SKIP TO Q.154A) ... 3 20/
Within last year (SKIP TO Q.154A) ... 4
More than 1 year ago (ASK B) 5

B. How old were you then?

21/

AGE
Go to Q.154A

154. Has there ever been a couple of months or more when at least one evening a week you drank 7 drinks, or 7 bottles of beer, or 7 glasses of wine?

NO ... (SKIP TO Q.155) 1 23/
YES .. (ASK A) 5

A. How long has it been since you drank 7 or more drinks at least once a week, or do you still?

CODE MOST
RECENT TIME
POSSIBLE

Still or within last 2 weeks (SKIP TO Q.155) ... 1
Within last month (SKIP TO Q.155) ... 2
Within last 6 months (SKIP TO Q.155) ... 3 24/
Within last year (SKIP TO Q.155) ... 4
More than 1 year ago (ASK B) 5

B. How old were you then?

25/

AGE

155. Have you ever told a doctor about a problem you had with drinking?

NO 1
YES 5* 27/

156. Have friends, your doctor, your clergyman, or any other professional ever said you were drinking too much for your own good?

NO, OR ONLY TO LOSE WEIGHT 1 28/
YES 5*

157. Have you ever wanted to stop drinking but couldn't?

NO 1
YES 5* 29/

158. Some people try to control their drinking by making rules, like not drinking before 5 o'clock or never drinking alone. Have you ever made rules like that for yourself?

NO 1
YES 5* 30/

159. Did you ever need a drink just after you had gotten up (that is, before breakfast)?

NO 1
YES 5* 31/

160. Have you ever had job or school troubles because of drinking—like missing too much work or drinking on the job?

NO 1
YES 5* 32/

161. Did you ever lose a job or get kicked out of school on account of drinking?

NO 1
YES 5* 33/

162. Have you ever gotten into trouble driving because of drinking—like having an accident or being arrested for drunk driving?

NO 1
YES 5* 34/

163. Have you ever been arrested or held at the police station because of drinking or for disturbing the peace while drinking?

NO 1
YES 5* 35/

164. Have you ever gotten into physical fights while drinking?

NO 1
YES 5* 36/

☐ INTERVIEWER: HAS ANY 5* BEEN CODED IN QS.150-164?

NO (SKIP TO Q.172) 1
YES 5 37/

165. Have you ever gone on **binges** or **benders** where you kept drinking for a couple of days or more without sobering up?

NO ... (SKIP TO Q.166)1
YES ... (ASK A AND B)5 38/

A. Did you neglect some of your usual responsibilities then?

NO1
YES5* 39/

B. How many times have you gone on benders that lasted at least a couple of days?

--	--

40/

INTERVIEWER: IF R SAYS 96 OR MORE, CODE 96 AND GO TO Q. 166.
IF R SAYS DK, ASK C.

#BENDERS
GO TO Q.166

C. Was it just once or more often than that?

JUST ONCE (RECORD 01 ABOVE)
MORE THAN ONCE ... (RECORD 96 ABOVE)
STILL DK (RECORD 98 ABOVE)

166. Have you ever had **blackouts** while drinking, that is where you drank enough so that you couldn't remember the next day what you had said or done?

NO1
YES5* 42/

167. Have you ever had the **shakes** after stopping or cutting down on drinking (for example, your hands shake so that your coffee cup rattles in the saucer or you have trouble lighting a cigarette)?

NO1
YES (SKIP TO Q.168)5* 43/

A. Have you ever had **fits** or **seizures** after stopping or cutting down on drinking?

NO1
YES (SKIP TO Q.168)5* 44/

B. Have you ever had the **DT's** (hallucinations and fever) when you quit drinking?

NO1
YES (SKIP TO Q.168)5* 45/

C. Have you ever **seen** or **heard** things that weren't really there after cutting down on drinking?

NO1
YES5* 46/

168. There are several health problems that can result from long stretches of pretty heavy drinking.

A. Did drinking ever cause you to have liver disease or yellow jaundice?

NO 1
YES .. (SKIP TO Q.169) 5* 47

B. Did you ever vomit blood or have other stomach troubles from drinking?

NO 1
YES .. (SKIP TO Q.169) 5* 48/

C. Did drinking ever lead to tingling or numbness in your feet?

NO 1
YES .. (SKIP TO Q.169) 5* 49/

D. Have you ever had memory trouble when you have not been drinking (not blackouts)?

NO 1
YES .. (SKIP TO Q.169) 5* 50/

E. Has drinking ever given you inflammation of your pancreas or pancreatitis?

NO 1
YES 5* 51/

169. Have you ever continued to drink when you knew you had a serious physical illness that might be made worse by drinking?

NO 1
YES 5 52/

170. Has there ever been a period in your life when you could not do your ordinary daily work well unless you had something to drink?

NO 1
YES 5 53/

171. I'm going to mention some things you told me about drinking. I'll be asking how old you were the first time any one of these things happened. You mentioned (LIST ALL CODED 5* ITEMS IN QS.150-168). What's the earliest age any of these things happened?

54/
AGE

A. When was the last time any of these (STARRED) things happened?

CODE MOST
RECENT TIME
POSSIBLE

Within last 2 weeks (SKIP TO Q.172) 1
Within last month (SKIP TO Q.172) 2
Within last six months . (SKIP TO Q.172) 3
Within last year (SKIP TO Q.172) 4
Within 3 years (SKIP TO Q.172) 5
More than 3 years ago .. (ASK B) 6 56/

B. How old were you the last time?

57/
AGE

CODES

1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

Obsessive Compulsive Disorder: Qs. 172-180

172. I want to ask you next about whether you have ever been bothered by having certain unpleasant thoughts all the time. An example would be the persistent idea that you might harm or kill someone you loved, even though you really didn't want to. Have you ever been bothered by that or by any other unpleasant and persistent thought?

NO ... (SKIP TO Q.173) ...	1	59/
YES ... (ASK A)	5	

A. Was this only for a short time or was it over a period of several weeks?

LESS THAN 3 WEEKS (SKIP TO Q.173)	1	60/
THREE WEEKS OR MORE ... (ASK B)	5	

B. Did these thoughts keep coming into your mind no matter how hard you tried to get rid of them?

1	2	5	61/
---	---	---	-----

INTERVIEWER: IF CODED 1, SKIP TO Q.173. OTHERS ASK C.

C. Could you give me an example of the kind of thoughts that bothered you?

EX: _____

☒ Z INTERVIEWER: DID R TELL MD IN Q.172B?

NO	1	62/
YES	5	

☒ AA INTERVIEWER: DOES Q.172B = 5?

NO ... (ASK Q.173)	1	63/
YES ... (SKIP TO Q.174) ..	5	

173. Other unpleasant thoughts that keep bothering some people, even when they know they are silly, are that their hands are dirty or have germs on them, no matter how much they wash them, or that relatives who are away have been hurt or killed. Have you ever had any kind of unreasonable thought like that?

NO ... (SKIP TO Q.176) ... 1
YES ... (ASK A) ... 5 64/

- A. Was this only for a short time or did these thoughts keep coming into your mind over a period of several weeks?

LESS THAN 3 WEEKS ... (SKIP TO Q.176) ... 1
THREE WEEKS OR MORE ... (ASK B) ... 5 65/

- B. Did these thoughts keep coming into your mind no matter how hard you tried to get rid of them?

1 2 5 66/

INTERVIEWER: IF CODED 1, SKIP TO Q.176. OTHERS ASK C.

- C. Could you give me an example of any unreasonable thought that bothered you?

EX: _____

B8 INTERVIEWER: DID R TELL MD IN Q.173B?

NO 1
YES 5 67/

CC INTERVIEWER: DOES Q.173B = 5?

NO ... (SKIP TO Q.176) ... 1
YES ... (ASK Q.174) ... 5 68/

BEGIN DECK 15

174. How old were you when you first had a problem with this kind of thought or worry?
IF R SAYS WHOLE LIFE, CODE 02.

08/
AGE

INTERVIEWER: IF DK AND R IS UNDER 40, CODE 01.
IF DK AND R IS 40 OR OLDER, ASK A.

- A. Do you think it was before you were 40 or later than that?

BEFORE (RECORD 01 ABOVE)
40 OR MORE ... (RECORD 95 ABOVE) 10/
STILL DK (RECORD 98 ABOVE)

CODES

1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

175. How recently have you been bothered by thoughts like this that kept coming back no matter how ridiculous you thought they were?

CODE MOST
RECENT TIME
POSSIBLE

Within last 2 weeks (SKIP TO Q.176) 1	
Within last month (SKIP TO Q.176) 2	
Within last 6 months (SKIP TO Q.176) 3	11/
Within last year (SKIP TO Q.176) 4	
More than 1 year ago ... (ASK A) 5	

A. How old were you the last time?

--	--

12/

AGE

176. Some people have problems with feeling that they have to do something over and over again even though they know it is really foolish—but they can't resist doing it—things like washing their hands again and again or going back several times to be sure they've locked a door or turned off the stove. Have you ever had to do something like that over and over?

1	2	5	14/
---	---	---	-----

DD INTERVIEWER: IS 5 CODED IN Q.176?

NO (ASK A) 1	
YES ... (SKIP TO Q.177) ... 5	15/

A. Was there a time when you always had to do something—like getting dressed perhaps—in a certain order, and had to start all over again if you got the order wrong?

1	2	5	16/
---	---	---	-----

EE INTERVIEWER: IS 5 CODED IN Q.176A?

NO (SKIP TO Q.178) ... 1	
YES ... (ASK Q.177) 5	17/

177. Did you have to do this only for a short time, or did you feel you had to do this over a period of several weeks?

SHORT TIME 1	
SEVERAL WEEKS 5	18/

178. Has there ever been a period of several weeks when you felt you had to count something, like the squares in a tile floor, and couldn't resist doing it even when you tried to?

1 2 5 19/

☐ FF INTERVIEWER: DID R TELL MD IN Q.176, 176A or 178?

YES5

NO1

20/

☐ FF.1 INTERVIEWER: IF Q.177 OR 178 CODED 5, ASK Q.179.
OTHERS GO TO Q.181.

179. How old were you when you first had to (do something over and over/check on things/count/or do things in a special order)? ENTER AGE AND GO TO Q.180.
IF R SAYS WHOLE LIFE, CODE 02.

AGE

21/

INTERVIEWER: IF DK AND R IS UNDER 40, CODE 01.
IF DK AND R IS 40 OR OVER, ASK A.

A. Do you think it was before you were 40 or later than that?

BEFORE 40(RECORD 01 ABOVE)

40 OR MORE(RECORD 95 ABOVE)

STILL DK(RECORD 98 ABOVE)

23/

180. How recently have you been bothered by having to (do something over and over/check on things/count/or do things in a special order)?

Within last 2 weeks ... (SKIP TO Q.181) ... 1

Within last month (SKIP TO Q.181) ... 2

Within last 6 months .. (SKIP TO Q.181) ... 3

Within last year (SKIP TO Q.181) ... 4

More than 1 year ago .. (ASK A) 5

24/

A. How old were you the last time?

AGE

25/

Drug Abuse and Dependence: Qs. 181-195

181. Now I'd like to ask about your experience with drugs.
(HAND CARD C) Have you ever used any drug on this
list to get high or without a prescription, or more
than was prescribed—that is, on your own?

NO(ASK A)1
YES ... (SKIP TO Q.182) ...5 27/

- A. Have you taken any other drugs on your own either
to get high or for other mental effects? IF R SAYS
ONLY ALCOHOL, TOBACCO OR COFFEE, CODE 1.

NO ... (SKIP TO Q.196)1
YES ... (ASK Q.182)5 28/

Antisocial Personality: Q. 182

182. How old were you when you first took (this
drug/any of these drugs) on your own?

AGE

29/

INTERVIEWER: IF YOUNGER THAN 15, SKIP TO Q.182B.
IF 15 OR OLDER, SKIP TO Q.183.
IF DK, ASK A.

- A. Were you younger or older than 15?

YOUNGER THAN 15(RECORD 01 ABOVE AND ASK B)
15 OR MORE(RECORD 95 ABOVE AND ASK Q.183) 31/
STILL DK(RECORD 98 ABOVE AND ASK Q.183)

- B. Had you tried any of these drugs
more than once before you were 15?

NO1
YES5 32/

183. Have you ever taken (this drug/one of these drugs)
on your own more than 5 times in your life?

NO ... (SKIP TO Q.196)1
YES ... (ASK A)5 33/

- A. Which ones?

INTERVIEWER: READ CATEGORIES IF NECESSARY. CIRCLE THE
SPECIFIC DRUG MENTIONED AND THEN CODE 5 FOR THAT
CATEGORY. CODE 1 FOR ALL CATEGORIES NOT MENTIONED.

	NO	YES	
1. MARIJUANA, HASHISH, POT, GRASS	1	5	34/
2. AMPHETAMINES, STIMULANTS, UPPERS, SPEED	1	5	35/
3. BARBITURATES, SEDATIVES, DOWNERS, SLEEPING PILLS SECONAL, QUAAALUDES	1	5	36/
4. TRANQUILIZERS, VALIUM, LIBRIUM	1	5	37/
5. COCAINE, COKE	1	5	38/
6. HEROIN	1	5	39/
7. OPIATES OTHER THAN HEROIN (CODEINE, DEMEROL, MORPHINE, METHADONE, DARVON, OPIUM)	1	5	40/
8. PSCHEDELICS, (LSD, Mescaline, PEYOTE, PSILOCYBIN, DMT, PCP)	1	5	41/
9. OTHER (SPECIFY):	1	5	42/

184. Have you ever used any one of these drugs or any other illicit drug every day for two weeks or more?

NO (SKIP TO Q.185) 1
 YES (CIRCLE BELOW EACH DRUG CIRCLED IN Q.183A
 AND THEN ASK A) 5*

A. Have you used (CIRCLED DRUG) every day for at least two weeks? CONTINUE ASKING FOR ALL CIRCLED DRUGS. IF MORE THAN ONE DRUG IS CIRCLED IN A PARTICULAR CATEGORY AND A YES RESPONSE DOES NOT APPLY TO ALL CIRCLED DRUGS: DRAW A LINE THROUGH THE CIRCLED DRUGS WHICH DO NOT APPLY.

1) Marijuana, hashish, pot, grass	NO 1 YES 5	44.
2) Amphetamines, stimulants, uppers, speed	IF YES, PROBE BEFORE CODING: When you were taking (DRUG) every day, were you taking them on your own or only as prescribed by a doctor? NO 1 YES, AS PRESCRIBED ONLY 3 YES, ON OWN 5	45/
3) Barbiturates, sedatives, downers, sleeping pills, Seconal, Quaaludes	IF YES, PROBE BEFORE CODING: When you were taking (DRUG) every day, were you taking them on your own or only as prescribed by a doctor? NO 1 YES, AS PRESCRIBED ONLY 3 YES, ON OWN 5	46/
4) Tranquilizers, Valium, Librium	IF YES, PROBE BEFORE CODING: When you were taking (DRUG) every day, were you taking them on your own or only as prescribed by a doctor? NO 1 YES, AS PRESCRIBED ONLY 3 YES, ON OWN 5	47/
5) Cocaine, coke	NO 1 YES 5	48/
6) Heroin	NO 1 YES 5	49/
7) Opiates other than heroin (codeine, Demerol, morphine, Methadone, Darvon, opium)	IF YES, PROBE BEFORE CODING: When you were taking (DRUG) every day, were you taking them on your own or only as prescribed by a doctor? NO 1 YES, AS PRESCRIBED ONLY 3 YES, ON OWN 5	50/
8) Psychedelics (LSD, mescaline, peyote, psilocybin, DMT, PCP)	NO 1 YES 5	51/
9) OTHER (SPECIFY): _____	IF YES, PROBE BEFORE CODING: When you were taking (DRUG) every day, were you taking them on your own or only as prescribed by a doctor? NO 1 YES, AS PRESCRIBED ONLY 3 YES, ON OWN 5	52

185.	Have you ever used any one of these drugs or any other illicit drug enough so that you felt like you needed it or were dependant on it?		
	NO.....(SKIP TO Q.186).....	1	
	YES.....(CIRCLE BELOW EACH DRUG CIRCLED IN Q.183A AND THEN ASK A).....	5*	53/
A.	Have you ever felt you needed or were dependent on (CIRCLED DRUG)? CONTINUE ASKING FOR ALL CIRCLED DRUGS. IF MORE THAN ONE DRUG IS CIRCLED IN A PARTICULAR CATEGORY AND A YES RESPONSE DOES NOT APPLY TO ALL CIRCLED DRUGS: DRAW A LINE THROUGH THE CIRCLED DRUGS WHICH DO NOT APPLY.		
1)	Marijuana, hashish, pot, grass	NO.....1 YES.....5	54,
2)	Amphetamines, stimulants, uppers, speed	IF YES, PROBE BEFORE CODING: When you were dependent on (DRUG), were you taking them on your own or only as prescribed by a doctor? NO.....1 YES, AS PRESCRIBED ONLY.....3 YES, ON OWN.....5	55/
3)	Barbiturates, sedatives, downers, sleeping pills, Seconal, Quaaludes	IF YES, PROBE BEFORE CODING: When you were dependent on (DRUG), were you taking them on your own or only as prescribed by a doctor? NO.....1 YES, AS PRESCRIBED ONLY.....3 YES, ON OWN.....5	56/
4)	Tranquilizers, Valium, Librium	IF YES, PROBE BEFORE CODING: When you were dependent on (DRUG), were you taking them on your own or only as prescribed by a doctor? NO.....1 YES, AS PRESCRIBED ONLY.....3 YES, ON OWN.....5	57/
5)	Cocaine, coke	NO.....1 YES.....5	58/
6)	Heroin	NO.....1 YES.....5	59/
7)	Opiates other than heroin (codeine, Demerol, morphine, Methadone, Darvon, opium)	IF YES, PROBE BEFORE CODING: When you were dependent on (DRUG), were you taking them on your own or only as prescribed by a doctor? NO.....1 YES, AS PRESCRIBED ONLY.....3 YES, ON OWN.....5	60/
8)	Psychedelics (LSD, mescaline, peyote, psilocybin, DMT, PCP)	NO.....1 YES.....5	61/
9)	OTHER (SPECIFY): _____	IF YES, PROBE BEFORE CODING: When you were dependent on (DRUG), were you taking them on your own or only as prescribed by a doctor? NO.....1 YES, AS PRESCRIBED ONLY.....3 YES, ON OWN.....5	62/

186. Have you ever tried to cut down on any drugs but found you couldn't do it?

NO (SKIP TO Q.187) 1
 YES (CIRCLE BELOW EACH DRUG CIRCLED
 IN Q.183A & THEN ASK A) 5* 63/

A. Have you ever tried to cut down on (CIRCLED DRUG) but couldn't? CONTINUE ASKING FOR ALL CIRCLED DRUGS. IF MORE THAN ONE DRUG IS CIRCLED IN A PARTICULAR CATEGORY AND A YES RESPONSE DOES NOT APPLY TO ALL CIRCLED DRUGS: DRAW A LINE THROUGH THE CIRCLED DRUGS WHICH DO NOT APPLY.

1) Marijuana, hashish, pot, grass NO 1
 YES 5 64/

2) Amphetamines, stimulants, uppers, speed IF YES, PROBE BEFORE CODING: When you couldn't cut down on (DRUG) were you taking them on your own or only as prescribed by a doctor?
 NO 1
 YES, AS PRESCRIBED ONLY 3 65/
 YES, ON OWN 5

3) Barbiturates, sedatives, downers, sleeping pills, Seconal, Quaaludes IF YES, PROBE BEFORE CODING: When you couldn't cut down on (DRUG) were you taking them on your own or only as prescribed by a doctor?
 NO 1
 YES, AS PRESCRIBED ONLY 3 66/
 YES, ON OWN 5

4) Tranquilizers, Valium, Librium IF YES, PROBE BEFORE CODING: When you couldn't cut down on (DRUG) were you taking them on your own or only as prescribed by a doctor?
 NO 1
 YES, AS PRESCRIBED ONLY 3 67/
 YES, ON OWN 5

5) Cocaine, coke NO 1
 YES 5 68/

6) Heroin NO 1
 YES 5 69/

7) Opiates other than heroin (codeine, Demerol, morphine, Methadone, Darvon, opium) IF YES, PROBE BEFORE CODING: When you couldn't cut down on (DRUG) were you taking them on your own or only as prescribed by a doctor?
 NO 1
 YES, AS PRESCRIBED ONLY 3 70/
 YES, ON OWN 5

8) Psychedalics (LSD, mescaline, peyote, psilocybin, DMT, PCP) NO 1
 YES 5 71/

9) OTHER (SPECIFY):
 _____ IF YES, PROBE BEFORE CODING: When you couldn't cut down on (DRUG) were you taking them on your own or only as prescribed by a doctor?
 NO 1
 YES, AS PRESCRIBED ONLY 3 72/
 YES, ON OWN 5

187. Did you ever find you needed larger amounts of any of these drugs to get an effect — or that you could no longer get high on the amount you used to use?

NO (SKIP TO Q.188) 1
 YES (CIRCLE BELOW EACH DRUG CIRCLED IN Q.183A 08/
 & THEN ASK A) 5*

A. Did you need larger amounts of (CIRCLED DRUG) than you used to?
 CONTINUE ASKING FOR ALL CIRCLED DRUGS. IF MORE THAN ONE DRUG IS CIRCLED IN
 A PARTICULAR CATEGORY AND A YES RESPONSE DOES NOT APPLY TO ALL CIRCLED
 DRUGS: DRAW A LINE THROUGH THE CIRCLED DRUGS WHICH DO NOT APPLY.

1) Marijuana, hashish, pot, grass	NO 1 YES 5	09/
2) Amphetamines, stimulants, uppers, speed	IF YES, PROBE BEFORE CODING: When you needed larger amounts of (DRUG) to get an effect, were you taking them on your own or only as prescribed by a doctor? NO 1 YES, AS PRESCRIBED ONLY 3 YES, ON OWN 5	10/
3) Barbiturates, sedatives downers, sleeping pills Seconal, Quaaludes	IF YES, PROBE BEFORE CODING: When you needed larger amounts of (DRUG) to get an effect, were you taking them on your own or only as prescribed by a doctor? NO 1 YES, AS PRESCRIBED ONLY 3 YES, ON OWN 5	11/
4) Tranquilizers, Valium, Librium	IF YES, PROBE BEFORE CODING: When you needed larger amounts of (DRUG) to get an effect, were you taking them on your own or only as prescribed by a doctor? NO 1 YES, AS PRESCRIBED ONLY 3 YES, ON OWN 5	12/
5) Cocaine, coke	NO 1 YES 5	13/
6) Heroin	NO 1 YES 5	14/
7) Opiates other than heroin (codeine, Demerol, morphine, Methadone, Darvon, opium)	IF YES, PROBE BEFORE CODING: When you needed larger amounts of (DRUG) to get an effect, were you taking them on your own or only as prescribed by a doctor? NO 1 YES, AS PRESCRIBED ONLY 3 YES, ON OWN 5	15/
8) Psychedelics (LSD, mescaline, peyote, psilocybin, DMT, PCP)	NO 1 YES 5	16/
9) OTHER (SPECIFY): _____	IF YES, PROBE BEFORE CODING: When you needed larger amounts of (DRUG) to get an effect, were you taking them on your own or only as prescribed by a doctor? NO 1 YES, AS PRESCRIBED ONLY 3 YES, ON OWN 5	17/

188. Have you ever had **withdrawal symptoms**—that is, have you ever felt sick because you stopped or cut down on any of these drugs?

NO (SKIP TO Q.189) 1
 YES (CIRCLE BELOW EACH DRUG CIRCLED
 IN Q.183A & THEN ASK A) 5* 18/

A. Did (CIRCLED DRUG) make you sick because you stopped or cut down? CONTINUE ASKING FOR ALL CIRCLED DRUGS. IF MORE THAN ONE DRUG IS CIRCLED IN A PARTICULAR CATEGORY AND A YES RESPONSE DOES NOT APPLY TO ALL CIRCLED DRUGS: DRAW A LINE THROUGH THE CIRCLED DRUGS WHICH DO NOT APPLY.

- | | | |
|---|--|-----|
| 1) Marijuana, hashish, pot, grass | NO 1
YES 5 | 19/ |
| 2) Amphetamines, stimulants, uppers, speed | IF YES, PROBE BEFORE CODING: When you had withdrawal symptoms after cutting down or stopping (DRUG), were you taking them on your own or only as prescribed by a doctor?
NO 1
YES, AS PRESCRIBED ONLY 3
YES, ON OWN 5 | 20/ |
| 3) Barbiturates, sedatives, downers, sleeping pills, Seconal, Quaaludes | IF YES, PROBE BEFORE CODING: When you had withdrawal symptoms after cutting down or stopping (DRUG), were you taking them on your own or only as prescribed by a doctor?
NO 1
YES, AS PRESCRIBED ONLY 3
YES, ON OWN 5 | 21/ |
| 4) Tranquilizers, Valium, Librium | IF YES, PROBE BEFORE CODING: When you had withdrawal symptoms after cutting down or stopping (DRUG), were you taking them on your own or only as prescribed by a doctor?
NO 1
YES, AS PRESCRIBED ONLY 3
YES, ON OWN 5 | 22/ |
| 5) Cocaine, coke | NO 1
YES 5 | 23/ |
| 6) Heroin | NO 1
YES 5 | 24/ |
| 7) Opiates other than heroin (codeine, Demerol, morphine, Methadone, Darvon, opium) | IF YES, PROBE BEFORE CODING: When you had withdrawal symptoms after cutting down or stopping (DRUG), were you taking them on your own or only as prescribed by a doctor?
NO 1
YES, AS PRESCRIBED ONLY 3
YES, ON OWN 5 | 25/ |
| 8) Psychedelics (LSD, mescaline, peyote, psilocybin, DMT, PCP) | NO 1
YES 5 | 26/ |
| 9) OTHER (SPECIFY):
_____ | IF YES, PROBE BEFORE CODING: When you had withdrawal symptoms after cutting down or stopping (DRUG), were you taking them on your own or only as prescribed by a doctor?
NO 1
YES, AS PRESCRIBED ONLY 3
YES, ON OWN 5 | 27/ |

189. Did you have any health problems like fits, an accidental overdose, a persistent cough or an infection as a result of using any of these drugs?

NO (SKIP TO Q.190)1
 YES (CIRCLE BELOW EACH DRUG CIRCLED
 IN Q.183A & THEN ASK A)5*

28/

A. Did (CIRCLED DRUG) cause health problems? CONTINUE ASKING FOR ALL CIRCLED DRUGS. IF MORE THAN ONE DRUG IS CIRCLED IN A PARTICULAR CATEGORY AND A YES RESPONSE DOES NOT APPLY TO ALL CIRCLED DRUGS: DRAW A LINE THROUGH THE CIRCLED DRUGS WHICH DO NOT APPLY.

- | | | |
|---|--|-----|
| 1) Marijuana, hashish, pot, grass | NO1
YES5 | 29/ |
| 2) Amphetamines, stimulants,
uppers, speed | IF YES, PROBE BEFORE CODING: When you had health
problems from (DRUG) were you taking them on your own
or only as prescribed by a doctor?
NO1
YES, AS PRESCRIBED ONLY3
YES, ON OWN5 | 30/ |
| 3) Barbiturates, sedatives
downers, sleeping pills
Seconal, Quaaludes | IF YES, PROBE BEFORE CODING: When you had health
problems from (DRUG) were you taking them on your own
or only as prescribed by a doctor?
NO1
YES, AS PRESCRIBED ONLY3
YES, ON OWN5 | 31/ |
| 4) Tranquilizers,
Valium, Librium | IF YES, PROBE BEFORE CODING: When you had health
problems from (DRUG) were you taking them on your own
or only as prescribed by a doctor?
NO1
YES, AS PRESCRIBED ONLY3
YES, ON OWN5 | 32/ |
| 5) Cocaine, coke | NO1
YES5 | 33/ |
| 6) Heroin | NO1
YES5 | 34/ |
| 7) Opiates other than heroin
(codeine, Demerol, morphine,
Methadone, Darvon, opium) | IF YES, PROBE BEFORE CODING: When you had health
problems from (DRUG) were you taking them on your own
or only as prescribed by a doctor?
NO1
YES, AS PRESCRIBED ONLY3
YES, ON OWN5 | 35/ |
| 8) Psychedelics (LSD, mescaline,
peyote, psilocybin, DMT, PCP) | NO1
YES5 | 36/ |
| 9) OTHER (SPECIFY):
_____ | IF YES, PROBE BEFORE CODING: When you had health
problems from (DRUG) were you taking them on your own
or only as prescribed by a doctor?
NO1
YES, AS PRESCRIBED ONLY3
YES, ON OWN5 | 37/ |

190. Did any of these drugs cause you considerable problems with your family, friends, on the job, at school, or with the police?
- NO (SKIP TO Q.191) 1
 YES (CIRCLE BELOW EACH DRUG CIRCLED IN Q.183A & THEN ASK A) 5* 38/
- A. Did (CIRCLED DRUG) cause you considerable problems? CONTINUE ASKING FOR ALL CIRCLED DRUGS. IF MORE THAN ONE DRUG IS CIRCLED IN A PARTICULAR CATEGORY AND A YES RESPONSE DOES NOT APPLY TO ALL CIRCLED DRUGS: DRAW A LINE THROUGH THE CIRCLED DRUGS WHICH DO NOT APPLY.
- 1) Marijuana, hashish, pot, grass NO 1
 YES 5 39/
- 2) Amphetamines, stimulants, uppers, speed IF YES, PROBE BEFORE CODING: When you had problems because of (DRUG) were you taking them on your own or only as prescribed by a doctor?
- NO 1
 YES, AS PRESCRIBED ONLY 3 40/
 YES, ON OWN 5
- 3) Barbiturates, sedatives, downers, sleeping pills Seconal, Quaaludes IF YES, PROBE BEFORE CODING: When you had problems because of (DRUG) were you taking them on your own or only as prescribed by a doctor?
- NO 1
 YES, AS PRESCRIBED ONLY 3 41/
 YES, ON OWN 5
- 4) Tranquilizers, Valium, Librium IF YES, PROBE BEFORE CODING: When you had problems because of (DRUG) were you taking them on your own or only as prescribed by a doctor?
- NO 1
 YES, AS PRESCRIBED ONLY 3 42/
 YES, ON OWN 5
- 5) Cocaine, coka NO 1
 YES 5 43/
- 6) Heroin NO 1
 YES 5 44/
- 7) Opiates other than heroin (codeine, Demerol, morphine, Methadone, Darvon, opium) IF YES, PROBE BEFORE CODING: When you had problems because of (DRUG) were you taking them on your own or only as prescribed by a doctor?
- NO 1
 YES, AS PRESCRIBED ONLY 3 45/
 YES, ON OWN 5
- 8) Psychedelics (LSD, mescaline, peyote, psilocybin, DMT, PCP) NO 1
 YES 5 46/
- 9) OTHER (SPECIFY): IF YES, PROBE BEFORE CODING: When you had problems because of (DRUG) were you taking them on your own or only as prescribed by a doctor?
- NO 1
 YES, AS PRESCRIBED ONLY 3 47/
 YES, ON OWN 5

191. Did you have any emotional or psychological problems from using drugs — such as feeling crazy or paranoid or depressed or uninterested in things?
- NO (SKIP TO **GG**) 1
- YES (CIRCLE BELOW EACH DRUG CIRCLED IN Q.183A & THEN ASK A) 5*
- 48/
- A. Did (CIRCLED DRUG) give you emotional or psychological problems? CONTINUE ASKING FOR ALL CIRCLED DRUGS. IF MORE THAN ONE DRUG IS CIRCLED IN A PARTICULAR CATEGORY AND A YES RESPONSE DOES NOT APPLY TO ALL CIRCLED DRUGS: DRAW A LINE THROUGH THE CIRCLED DRUGS WHICH DO NOT APPLY.
- 1) Marijuana, hashish, pot, grass
- NO 1
- YES 5
- 49/
- 2) Amphetamines, stimulants, uppers, speed
- IF YES, PROBE BEFORE CODING: When you had emotional problems from taking (DRUG), were you taking them on your own or only as prescribed by a doctor?
- NO 1
- YES, AS PRESCRIBED ONLY 3
- YES, ON OWN 5
- 50/
- 3) Barbiturates, sedatives, downers, sleeping pills, Seconal, Quaaludes
- IF YES, PROBE BEFORE CODING: When you had emotional problems from taking (DRUG), were you taking them on your own or only as prescribed by a doctor?
- NO 1
- YES, AS PRESCRIBED ONLY 3
- YES, ON OWN 5
- 51/
- 4) Tranquilizers, Valium, Librium
- IF YES, PROBE BEFORE CODING: When you had emotional problems from taking (DRUG), were you taking them on your own or only as prescribed by a doctor?
- NO 1
- YES, AS PRESCRIBED ONLY 3
- YES, ON OWN 5
- 52/
- 5) Cocaine, coke
- NO 1
- YES 5
- 53/
- 6) Heroin
- NO 1
- YES 5
- 54/
- 7) Opiates other than heroin (codeine, Demerol, morphine, Methadone, Darvon, opium)
- IF YES, PROBE BEFORE CODING: When you had emotional problems from taking (DRUG), were you taking them on your own or only as prescribed by a doctor?
- NO 1
- YES, AS PRESCRIBED ONLY 3
- YES, ON OWN 5
- 55/
- 8) Psychedelics (LSD, mescaline, peyote, psilocybin, DMT, PCP)
- NO 1
- YES 5
- 56/
- 9) OTHER (SPECIFY) _____
- IF YES, PROBE BEFORE CODING: When you had emotional problems from taking (DRUG), were you taking them on your own or only as prescribed by a doctor?
- NO 1
- YES, AS PRESCRIBED ONLY 3
- YES, ON OWN 5
- 57/

GG	INTERVIEWER: HAVE ANY 5'S BEEN CODED IN QS. 184-191?		
		NO ... (SKIP TO Q.196) 1	58/
		YES ... (ASK Q.192) 5	

192. Let's go over what you told me about your experiences with drugs (MENTION ITEMS CODED 5 FOR ALL CIRCLED DRUGS (NOT CROSSED OUT) BEGINNING WITH Q.184).

Did you ever tell a doctor that any of these experiences were causing problems for you?	NO	1	59/
	YES ... (SKIP TO Q.193)	5	
A. Did you tell any other professional about a problem with drugs?	NO ... (ASK B)	1	60/
	YES ... (SKIP TO Q.193)	5	
B. Did you take medication more than once for a problem with drugs?	NO ... (ASK C)	1	61/
	YES ... (SKIP TO Q.193)	5	
C. Did any problems with drugs interfere with your life or activities a lot?	NO	1	62/
	YES	5	

193. How old were you when you first had any of these experiences with drugs?

--	--

AGE

63/

194. When was the last time you (SPECIFY: used (DRUG) every day, were dependent on (DRUG), were unable to cut down on (DRUG), ETC.)?

CODE MOST RECENT TIME POSSIBLE

Within last 2 weeks ... (SKIP TO INSTR. BEFORE Q.195) ...	1	65/
Within last month ... (SKIP TO INSTR. BEFORE Q.195) ...	2	
Within last 6 months ... (SKIP TO INSTR. BEFORE Q.195) ...	3	
Within last year ... (SKIP TO INSTR. BEFORE Q.195) ...	4	
Within last 3 years ... (SKIP TO Q.196)	5	
More than 3 years ago (ASK A)	6	

A. How old were you the last time?
ENTER AGE AND SKIP TO Q.196.

--	--

AGE

66/

INTERVIEWER: IF R HAD PROBLEMS WITH ONLY 1 DRUG, CODE Q.195 WITHOUT ASKING.

195. Which drugs have you had any problem with in the last year?
 CIRCLE EACH DRUG CIRCLED IN Q.183A. ASK FOR EACH
 AND CODE YES OR NO BELOW. IF MORE THAN ONE DRUG
 IS CIRCLED IN A CATEGORY AND A YES RESPONSE DOES
 NOT APPLY TO ALL CIRCLED DRUGS, DRAW A LINE THROUGH
 THE DRUGS WHICH DO NOT APPLY.

	<u>NO</u>	<u>YES</u>	
a) Marijuana, hashish, pot, grass	1	5	08/
b) Amphetamines, stimulants, uppers, speed	1	5	09/
c) Barbiturates, sedatives, downers, sleeping pills, Seconal, Quaaludes	1	5	10/
d) Tranquilizers, Valium, Librium	1	5	11/
e) Cocaine, coke	1	5	12/
f) Heroin	1	5	13/
g) Opiates other than heroin (codeine, Demeral, morphine, methadone, Darvon, opium)	1	5	14/
h) Psychedelics (LSD, mescaline, peyote, psilocybin, DMT, PCP)	1	5	15/
i) Other (SPECIFY):	1	5	16/

Antisocial Personality Disorder and Psychosexual Disorders: Qs. 196-234

196. Now I'd like to ask about your life as a child.
Let's begin with some questions about school.
Did you ever repeat a grade?

NO (SKIP TO Q.197)1 17/
YES (ASK A)5

A. Did you get held back more than once?

NO, ONLY ONCE2 18/
YES, MORE THAN ONCE5

197. How were your grades in school—
better than average, average,
or not so good?

BETTER THAN AVERAGE ... (SKIP TO Q. 198)1 19/
AVERAGE (SKIP TO Q.198)2
NOT SO GOOD (ASK A)5

A. Did your teachers think you did about as well
as you could or did they think you had the
ability to do much better?

DID AS WELL AS COULD (SKIP TO Q.198) ...3 20/
COULD HAVE DONE MUCH BETTER ... (ASK B)5

B. How old were you when your teachers first felt
that way? ENTER AGE AND SKIP TO Q.198.

21/
AGE

INTERVIEWER: IF R SAYS DK, ASK C.

C. Do you think it was before you were 15 or later than that?

UNDER 15 (RECORD 01 ABOVE) 23/
15 OR MORE (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE)

198. Did you frequently get into trouble with the
teacher or principal for misbehaving in school?
(ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL)

NO ... (SKIP TO Q.199)1 24/
YES .. (ASK A)5

A. How old were you when you first got into
trouble for misbehaving in school?
ENTER AGE AND SKIP TO Q.199.

25/
AGE

INTERVIEWER: IF R SAYS DK, ASK B.

B. Do you think it was before you were 15 or later than that?

UNDER 15 (RECORD 01 ABOVE) 27/
15 OR MORE (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE)

199. Were you ever expelled or suspended from school?
(ELEMENTARY, JUNIOR HIGH OR HIGH SCHOOL)

NO (SKIP TO Q.200) 1
YES (ASK A) 5 28/

A. How old were you when you were
first expelled or suspended?

29/

ENTER AGE AND SKIP TO Q.200.

AGE

INTERVIEWER: IF R SAYS DK, ASK B.

B. Do you think it was before you were 15 or later than that?

UNDER 15 (RECORD 01 ABOVE)
15 OR MORE (RECORD 95 ABOVE) 31/
STILL DK (RECORD 98 ABOVE)

200. Did you ever play hooky from school
at least twice in one year?

NO ... (SKIP TO Q.201) 1
YES .. (ASK A) 5 32/

A. Was that only in your last year
in school or before that?

LAST YEAR ONLY (SKIP TO Q.201) ... 1
BEFORE LAST YEAR .. (ASK B AND C) ... 5 33/

B. Did you play hooky as much as 5 days a year
in at least two school years, not counting
your last year in school?

NO 1
YES 5 34/

C. How old were you when you first played hooky?
ENTER AGE AND SKIP TO Q.201.

35/

AGE

INTERVIEWER: IF R SAYS DK, ASK D.

D. Do you think it was before you were 15 or later than that?

UNDER 15 (RECORD 01 ABOVE)
15 OR MORE (RECORD 95 ABOVE) 37/
STILL DK (RECORD 98 ABOVE)

201. Did you ever get into trouble at school for fighting?	NO ... (SKIP TO Q.202) ....1	
	YES ... (ASK A) .....5	38/
A. Did that happen more than once?	NO ... (SKIP TO Q.202) ....1	
	YES ... (ASK B AND C) ....5	39/
B. Were you sometimes the one who started the fight?	NO .....1	
	YES .....5	40/
C. How old were you when you first got into trouble for fighting at school? ENTER AGE AND SKIP TO Q.202.		41/
	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
	AGE	
INTERVIEWER: IF R SAYS DK, ASK D.		
D. Do you think it was before you were 15 or later than that?		
	UNDER 15 (RECORD 01 ABOVE)	
	15 OR MORE (RECORD 95 ABOVE)	43/
	STILL DK (RECORD 98 ABOVE)	

202. Before age 18, did you ever get into trouble with the police, your parents or neighbors because of fighting (other than for fighting at school)?	NO ... (SKIP TO HH) .....1	
	YES ... (ASK A) .....5	44/
A. Did that happen more than once?	NO ... (SKIP TO C) .....2	
	YES ... (ASK B) .....5	45/
B. Were you sometimes the one who started the fight?	NO .....1	
	YES .....5	46/
C. At what age did you first get into trouble because of fighting (away from school)? ENTER AGE AND SKIP TO Q.203.		47/
	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
	AGE	
INTERVIEWER: IF R SAYS DK, ASK D.		
D. Do you think it was before you were 15 or later than that?		
	UNDER 15 (RECORD 01 ABOVE)	
	15 OR MORE (RECORD 95 ABOVE)	49/
	STILL DK (RECORD 98 ABOVE)	

IH INTERVIEWER: ARE BOTH Q.201 and 202 CODED 1?		
	NO ... (SKIP TO Q.203) .....1	
	YES ... (ASK E) .....5	50/
E. Even though you didn't get into trouble for fighting, did you start fights more than once before you were 15?	NO .....1	
	YES .....5	51/

203. When you were a kid, did you ever run away from home overnight?
- NO ... (SKIP TO Q.204) ... 1
YES ... (ASK A) 5 52/
- A. Did you run away more than once?
- NO, JUST ONCE 2
YES, MORE THAN ONCE... 5 53/
- B. How old were you when you first ran away from home overnight?
ENTER AGE AND SKIP TO Q.204.
- 54/
AGE

INTERVIEWER: IF R SAYS DK, ASK C.

- C. Do you think it was before you were 15 or later than that?
- UNDER 15 (RECORD 01 ABOVE)
15 OR MORE (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE) 56/

204. Of course, no one tells the truth all the time, but did you tell a lot of lies when you were a child or teenager?
- NO (SKIP TO Q.205) 1
YES (ASK A) 5 57/
- A. How old were you when you first told a lot of lies?
ENTER AGE AND SKIP TO Q.205.
- 58/
AGE

INTERVIEWER: IF R SAYS DK, ASK B.

- B. Do you think it was before you were 15 or later than that?
- UNDER 15 (RECORD 01 ABOVE)
15 OR MORE (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE) 60/

205. When you were a child, did you more than once swipe things from stores or from other children or steal from your parents or from anyone else?
- NO (SKIP TO Q.206) 1
YES (ASK A) 5 61/
- A. How old were you when you first stole things?
ENTER AGE AND SKIP TO Q.206.
- 62/
AGE

INTERVIEWER: IF R SAYS DK, ASK B.

- B. Do you think it was before you were 15 or later than that?
- UNDER 15 (RECORD 01 ABOVE)
15 OR MORE (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE) 64/

206. When you were a kid, did you ever intentionally damage someone's car or do anything else to destroy or severely damage someone else's property?

NO (SKIP TO Q.207) 1 08/
YES (ASK A) 5

A. How old were you when you first did that?
ENTER AGE AND SKIP TO Q.207.

09/
AGE

INTERVIEWER: IF R SAYS DK, ASK B.

B. Do you think it was before you were 15 or later than that?

UNDER 15 (RECORD 01 ABOVE)
15 OR MORE (RECORD 95 ABOVE) 11/
STILL DK (RECORD 98 ABOVE)

207. Were you ever arrested as a juvenile or sent to juvenile court?

NO ... (SKIP TO Q.208) 1 12/
YES .. (ASK A) 5

A. How old were you the first time?
ENTER AGE AND SKIP TO Q.208.

13/
AGE

B. Do you think it was before you were 15 or later than that?

UNDER 15 (RECORD 01 ABOVE)
15 OR MORE (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE)

208. Have you ever been arrested since you were 18 years old for anything other than traffic violations?

NO ... (SKIP TO Q.209) 1 16/
YES .. (ASK A) 5

A. Have you been arrested more than once?

NO, JUST ONCE 2 17/
YES, MORE THAN ONCE ... 5*

B. Have you ever been convicted of a felony?

NO 1 18/
YES 5*

209. Have you had at least four traffic tickets in your life for speeding or running a light or causing an accident?

NO 1 19/
YES 5*

CODES	
1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs or alc.	

Somatization: Qs. 210-213, Q.215

210. Now I'm going to ask you about your sexual experience.

In general, has your sex life been important to you, or
could you have gotten along as well without it?

SOMEWHAT IMPORTANT	1	
GOTTEN ALONG AS WELL WITHOUT IT ...	5	20/
VOLUNTEERS: NO SEXUAL EXPERIENCE.....	8	

GG.1	INTERVIEWER: DOES R VOLUNTEER NO SEX EXPERIENCE?	NO	1	21/
		YES .. (SKIP TO Q.S23) ..	5	
GG.2	INTERVIEWER: DOES R REFUSE SEX QUESTIONS?	NO	1	22/
		YES .. (SKIP TO Q.S23) ..	5	

Psychosexual Dysfunction: Qs. 211-213, Q.S1, Q.S2

211. Has having sexual relations ever been physically painful for you?	1	2	4	5	23/
---	---	---	---	---	-----

MD: _____ OTHER: _____

212. Has there been a period of several months in your life when having sex was not pleasurable for you (even when it wasn't painful)?	1	2	3	4	5	24/
--	---	---	---	---	---	-----

MD: _____ OTHER: _____

213. Have you had any (other) kind of sexual difficulties (FOR MEN, such as a period of two months or more when you had trouble having an erection)?	1	2	3	4	5	25/
--	---	---	---	---	---	-----

MD: _____ OTHER: _____

CODES

1 = no 4 = med. exp.
 2 = below crit. 5 = yes
 3 = drugs or alc.

SUPPLEMENT QUESTIONS S1-S24

S1. Some people don't experience orgasm when having sex.
 Have you **often reached orgasm** or climax? (That is,
 have you frequently "come" when having sex?)

YES CODE 1, SKIP TO Q.S2
 NO PROBE AND CODE, THEN ASK A
 DK WHAT ORGASM
 IS CODE 5 IN S1, CODE 5 IN S1A
 CODE 1 IN S2, GO TO II.

MD: _____ OTHER: _____ 1 3 4 5 26/

A. Have you ever reached orgasm or climax? NO 5
 YES 2 27/

S2. Has there ever been a period of months when you were
 bothered by being **unable to experience orgasm**? 1 2 3 4 5 28/

MD: _____ OTHER: _____

II INTERVIEWER: DID R TELL MD IN QS.211, 212, 213, S1 OR S2? NO 1
 YES 5 29/

Antisocial Personality: Q. S3

S3. How old were you when you first had sexual relations?
 ENTER AGE AND SKIP TO Q.S4 30/
 AGE

INTERVIEWER: IF R SAYS NEVER, CODE 00 ABOVE AND
 5 IN GG.1, AND SKIP TO Q.S23.
 IF R SAYS DK, ASK A.

A. Do you think it was before you were 15 or later than that?
 UNDER 15 (RECORD 01 ABOVE)
 15 OR MORE (RECORD 95 ABOVE)
 STILL DK (RECORD 98 ABOVE)

Transsexualism: Qs. S4-S10

S4. Some people have a feeling that they were born into the wrong sex. Have you ever felt that your true sex was not the same as the body you were born with?

NO (SKIP TO Q.S11)1 32/
YES ... (ASK Q.S5)5

S5. How old were you when you first felt that way?
ENTER AGE AND SKIP TO Q.S6.

AGE

33/

INTERVIEWER: IF R SAYS ALWAYS, CODE 02 ABOVE AND SKIP TO Q.S6.
IF R SAYS DK, ASK A.

A. Do you think you were younger or older than 12?

UNDER 12 (RECORD 01 ABOVE)
12 OR MORE (RECORD 95 ABOVE)
STILL DK (RECORD 98 ABOVE)

S6. Have you ever had surgery, taken medicine, or used electrolysis or clothes to make people think you were the sex you felt you were instead of the sex your body appeared to be at birth?

NO (ASK A)1 35/
YES ... (SKIP TO B)5

A. Have you very much wished other people would think of you as a (man/woman-OPPOSITE SEX)?

NO (SKIP TO Q.S7)1 36/
YES ... (SKIP TO Q.S7)5

B. At birth did you appear to be male or female?

MALE1 37/
FEMALE5

S7. Have you disliked your sexual organs so much that you wanted to have them changed or tried to change them yourself?

NO1 38/
YES5

S8. Have you felt disgusted by the idea of having sex with (men/women-OPPOSITE TO SEX AT BIRTH)?

NO (SKIP TO Q.S9)1 39/
YES ... (ASK A)5

A. Was that because you thought of yourself as a (man/woman-OPPOSITE TO SEX AT BIRTH)?

NO1 40/
YES5

S9. Did you ever tell a doctor about your feeling
that you were born into the wrong sex?

NO 1
YES 5 41/

S10. Do you still feel that you were born
into the wrong sex?

NO (ASK A) 5
YES (SKIP TO INSTRUCTIONS BEFORE Q.S11) 1 42/

A. How long ago did you stop feeling that way?

CODE MOST
RECENT TIME
POSSIBLE

WITHIN LAST 2 WEEKS (SKIP TO INSTRUCTIONS BEFORE Q.S11) 1
WITHIN LAST MONTH (SKIP TO INSTRUCTIONS BEFORE Q.S11) 2
WITHIN LAST 6 MONTHS (SKIP TO INSTRUCTIONS BEFORE Q.S11) 3 43/
WITHIN LAST YEAR (SKIP TO INSTRUCTIONS BEFORE Q.S11) 4
MORE THAN 1 YEAR AGO (ASK 8) 5

B. How old were you the last time?

44/
AGE

homosexuality: Qs. S11-S18

INTERVIEWER: IF SEX CHANGE, USE SEX AT BIRTH (Q.S6B) AS
RESPONDENT'S GENDER IN Q.S11-S18

1. Have you ever had sexual relations with a (man/woman-SAME AS SEX AT BIRTH)
at any time since your eighteenth birthday?

NO (SKIP TO INSTR. ABOVE Q.S19) 1
VOL.: ONLY IN JAIL OR FORCED (SKIP TO INSTR. ABOVE Q.S19) 2 46/
YES (ASK Q.S12) 5

2. How old were you the first time?

47/
AGE

3. Would you say that you have had sexual relations more with
men or more with women?

MOSTLY HETEROSEXUAL 1
HALF AND HALF OR DON'T KNOW 3 49/
MOSTLY HOMOSEXUAL 5

S14. Have you been sexually attracted to both men and women,
or only to men or only to women.

NOT ATTRACTED TO EITHER	(SKIP TO INSTR. ABOVE Q.S19)	1	
OPPOSITE SEX ONLY	(SKIP TO INSTR. ABOVE Q.S19)	2	
BOTH		3	50/
SAME SEX ONLY		5	

S15. At what age were you first sexually attracted to
(men/women-SAME SEX)?

AGE

51/

S16. Did you ever talk to a doctor about your
attraction to (men/women-SAME SEX)?

NO	1	
YES	5	53/

S17. Are you attracted to (men/women-
SAME SEX) at present?

NO	(ASK A)	5	
YES	(SKIP TO Q.S18)	1	54/

A. How long has it been since you were attracted to (men/women-SAME SEX)?

CODE MOST
RECENT TIME
POSSIBLE

WITHIN 2 WEEKS	(SKIP TO Q.S18)	1	
WITHIN 1 MONTH	(SKIP TO Q.S18)	2	
WITHIN 6 MONTHS	(SKIP TO Q.S18)	3	
WITHIN 1 YEAR	(SKIP TO Q.S18)	4	55/
WITHIN 3 YEARS	(SKIP TO Q.S18)	5	
MORE THAN 3 YEARS AGO ...	(ASK B)	6	

B. How old were you when you stopped being attracted to them?

AGE

56/

S18. Did you ever want to or try to give up your feelings
of attraction to (SAME SEX)?

NO	(SKIP TO INSTR. ABOVE Q.S19)	1	
WANTED OR TRIED ...	(ASK A)	5	58/

A. Was that because you personally didn't like the idea of
homosexuality or was it just to get along
in a heterosexual world?

TO GET ALONG	1	59/
DIDN'T LIKE OR BOTH	5	

Antisocial Personality: Qs. S19-S24, Qs. 214-234

INTERVIEWER: IF Q.4 = 5 (NEVER MARRIED), SKIP TO Q.S20.

S19. During (any) marriage, did you have sexual relations
outside of marriage with at least three different
people? (HOMOSEXUAL OR HETEROSEXUAL)

NO	1	
YES	5*	60/

S20. Have you ever had **sex** with as many as ten different people within a single year?
(HOMOSEXUAL OR HETEROSEXUAL)

NO 1
YES 5* 61/

S21. Have you ever been paid for having **sex** with someone?
(HOMOSEXUAL OR HETEROSEXUAL)

NO 1
YES 5* 62/

S22. Have you ever made money by finding customers for prostitutes or call girls?

NO 1
YES 5* 63/

S23. Have you ever made money outside the law by buying or selling stolen property or selling drugs or running numbers?

NO 1
YES 5* 64/

S24. Have you ever been sued for a bad debt or had things you bought taken back because you didn't meet the payments?

NO (SKIP TO JJ) 1
YES ... (ASK A) 5 65/

A. Did this happen more than twice?

NO 1
YES, 3 OR MORE TIMES 5* 66/

BEGIN DECK 19

JJ INTERVIEWER: HAS R BEEN MARRIED OR LIVED AS MARRIED (Q.7 NOT 00 OR Q.11 = 5)

YES ... (ASK Q.214) 1
NO (SKIP TO Q.216) 5 08/

214. Did you ever walk out on your (husband/wife/partner with whom you were living as married) either permanently or for at least several weeks?

NO 1
YES 5* 09/

215. Did you ever hit or throw things at your (wife/husband/partner)?

NO (SKIP TO Q.216) 1
YES ... (ASK A) 5 10/

A. Were you ever the one who hit or threw things first, regardless of who started the argument?

NO (SKIP TO Q.216) 2
YES ... (ASK B) 5 11/

B. Did you hit or throw things first on more than one occasion?

NO 1
YES 5* 12/

216. Have you ever spanked or hit a child, (yours or anyone else's) hard enough so that he or she had bruises or had to stay in bed or see a doctor?

NO 1
YES 5* 13/

217. Since age 18, have you been in more than one fight that came to swapping blows (other than fights with your (husband/wife/partner)?)

INTERVIEWER: IF R VOLUNTEERS ONLY AS REQUIRED BY JOB, CODE 1.

NO 1
YES 5* 14/

218. Have you ever used a weapon like a stick, knife, or gun, in a fight since you were 18?

INTERVIEWER: IF R SAYS ONLY AS REQUIRED BY OCCUPATION, CODE 1.
IF R SAYS WIELDED BUT MISSED, CODE 5.

NO 1
YES 5* 15/

219. Since you were 18, did you ever hold three or more different jobs within a five-year period?

INTERVIEWER: OMIT CHANGES VOLUNTEERED AS DUE TO JOB ENDING, RETURN TO SCHOOL, ILLNESS OR MATERNITY, TRANSFER OF SPOUSE, BECOMING HOUSEWIFE. COUNT CHANGES IN MAIN JOB ONLY.

NO 1
VOLUNTEERS: NEVER HAD A JOB (ENTER 60 IN Q.223 AND GO TO Q.223B, USING SECOND PART OF PARENS) 3
YES 5* 16/

220. Have you been fired from more than one job?

NO 1
YES 5* 17/

221. Since you were 18, have you quit a job three times or more before you already had another job lined up?

INTERVIEWER: OMIT QUITTING VOLUNTEERED AS DUE TO RETURN TO SCHOOL, ILLNESS OR MATERNITY, TRANSFER OF SPOUSE, BECOMING HOUSEWIFE.

NO 1
YES 5* 18/

CODES

1 = no 4 = med. exp.
 2 = below crit. 5 = yes
 3 = drugs or alc.

222. On any job you have had since you were 18, were you late or absent an average of 3 days a month or more?

INTERVIEWER: IF R VOLUNTEERS NO SET SCHEDULE, OR ABSENCES OF THIS QUANTITY EXCUSED BY PRIOR ARRANGEMENT WITH EMPLOYER WHETHER FOR PHYSICAL ILLNESS OR OUTSIDE ACTIVITIES, CODE 1.

1 4 5 19/

MD: _____ OTHER: _____

223. How many months out of the last five years have you been without a job?

20/

#MOS

INTERVIEWER: IF LESS THAN 6 MOS. SKIP TO Q.224.
 IF 6 MOS. OR MORE, ASK B.
 IF R SAYS DK, ASK A.

- A. Do you think it was less than 6 months or more than that?

LESS THAN 6 MOS (RECORD 01 ABOVE & SKIP TO Q.224)
 6 MOS. OR MORE (RECORD 95 ABOVE AND ASK B)
 STILL OK (RECORD 98 ABOVE AND ASK B)

22/

- B. For how much of (that time/ the last 5 years) did you want to work but were not able to find a job?

23/

#MOS

INTERVIEWER: IF B = 6 MOS. OR MORE, SKIP TO E.

- C. For how much of that time were you not looking for work because of emotional or mental problems or because of problems with drugs or alcohol?

25/

#MOS

INTERVIEWER: IF B + C = 6 MOS. OR MORE, SKIP TO E.

- D. How much time (besides that) were you just not interested in working but not in school, or physically ill (or retired or a housewife)?

27/

#MOS

- E. INTERVIEWER: DO B + C + D = 6 MOS. OR MORE WITHOUT WORK?

NO 1
 YES 5* 29/

224. Have you ever used an **alias** or an assumed name?

INTERVIEWER: IF R VOLUNTEERS ONLY PEN OR STAGE NAME,
CODE 1.

NO1
YES5* 30/

225. Have you thought that you lied pretty often since you have
been an adult?

NO1
YES5 31/

226. Have you ever **traveled around** for a month or more without having any
arrangements ahead of time and not knowing how long you were going
to stay or where you were going to work?

INTERVIEWER: IF R VOLUNTEERS ONLY ON VACATION
FROM JOB, CODE 1.

NO1
YES5* 32/

227. Has there ever been a period when you had no regular
place to live, for at least a month or so?

NO1
YES5* 33/

KK INTERVIEWER: DOES R HAVE CHILD (Q.14 = 01 OR MORE)?
OR
HAS R ACTED AS PARENT FOR CHILD (Q.14A = 5)?

NO TO BOTH(SKIP TO **LL**)1
YES TO EITHER(ASK Q.228)5 34/

228. Have you sometimes **left young children** under 6 years at home alone
while you were out shopping or doing anything else?

INTERVIEWER: IF R VOLUNTEERS ONLY IN EMERGENCY AND
GIVES A CONVINCING EXAMPLE, FOR LESS
THAN 30 MINUTES, OR CHILD COULD BE HEARD
OR COULD COME THERE, CODE 1.

NO1
YES5*
VOLUNTEERS: NEVER LIVED WITH
CHILD(SKIP TO **LL**)8 35/

229. Have there been times when a neighbor fed a child (of yours/you were caring for) because you didn't get around to shopping for food or cooking, or kept your child overnight because no one was taking care of him at home?

INTERVIEWER: IF R VOLUNTEERS ONLY IN EMERGENCY, CODE 1.

NO 1
YES 5* 36/

230. Has a nurse, or social worker or teacher ever said that any child (of yours/you were caring for) wasn't being given enough to eat or wasn't being kept clean enough or wasn't getting medical care when it was needed?

NO 1
YES 5* 37/

231. Have you more than once run out of money for food for your family because you had spent the food money on yourself or on going out?

NO 1
YES 5* 38/

LL INTERVIEWER: HOW MANY 5*'S HAVE BEEN CODED IN Q.208-231?

NONE, ONE OR TWO .. (SKIP TO Q.235) ... 1
THREE OR MORE (ASK Q.232) 5 39/

232. Did you ever talk to a doctor about any of these things you did like (SPECIFY ITEMS CODED 5* BEGINNING WITH Q.208)

NO 1
YES 5 40/

MM INTERVIEWER: IS R OLDER OR YOUNGER THAN 26 YEARS?

26 OR OLDER (ASK Q.233) 1
YOUNGER THAN 26 (SKIP TO Q.234) ... 5 41/

233. Did you do any of these things between the ages of 18 and 25?

NO(ASK A)1
YES ... (SKIP TO Q.234) ...5 42/

A. Was there some reason you couldn't have done these things between 18 and 25, for instance, because you were ill in bed that whole time (or in jail/not married/had no children)?

NO, HAD OPPORTUNITY1
YES, NO OPPORTUNITY5 43/

234. When is the last time you did any one of these things like (MENTION ITEMS CODED 5* BEGINNING WITH Q.208)?

CODE MOST
RECENT TIME
POSSIBLE

Within last 2 weeks(SKIP TO Q.235)1
Within last month(SKIP TO Q.235)2
Within last 6 months(SKIP TO Q.235)3 44/
Within last year(SKIP TO Q.235)4
Within last 3 years(SKIP TO Q.235)5
More than 3 years ago ... (ASK A)6

A. How old were you the last time you did any of those things?

45/
AGE

Pathological Gambling: Qs. 235-238

235. Have you ever gambled or bet?

NO, OR ONLY ONCE ... (SKIP TO Q. 239) ... 1
 YES (ASK A) 5 47/

A. Have you ever thought you gambled too much?

NO 1
 YES 5 48/

B. Have you ever been unable to pay your bills because of gambling or betting?

NO 1
 YES 5 49/

C. Have you had trouble at home or at work because of gambling or betting?

NO 1
 YES 5 50/

D. Have you ever stolen money or borrowed more than you could easily repay so that you could gamble or bet?

NO 1
 YES 5 51/

NN	INTERVIEWER: ARE ANY 5'S CODED IN A-D ABOVE?
----	--

NO ... (SKIP TO Q. 239) ... 1
 YES .. (GO TO Q. 236) 5 52/

236. How old were you when you began to gamble or bet pretty heavily?

53/
 AGE

237. When was the last time you gambled or placed a bet?

CODE MOST RECENT TIME POSSIBLE

Within last 2 weeks (SKIP TO Q. 238) 1
 Within last month (SKIP TO Q. 238) 2
 Within last 6 months (SKIP TO Q. 238) 3
 Within last year (SKIP TO Q. 238) 4
 Within last 3 years (SKIP TO Q. 238) 5
 More than 3 years ago .. (ASK A) 6 55/

A. How old were you the last time?

56/
 AGE

238. Have you ever talked to a doctor about your gambling?

NO 1
 YES 5 58/

Organic Brain Syndrome: Qs. 239-258

239. Have you ever had occasion to talk to a doctor about problems with your memory?

NO 1
YES 5 59/

Let me ask you a few questions to check your concentration and memory. Most of them will be easy.
ENTER ANSWER AND THEN CODE.

		<u>CORRECT</u>	<u>ERROR</u>	
240. What is the year?	YEAR: _____	1	5	60/
241. What season of the year is it?	SEASON: _____	1	5	61/
242. What is the date?	DATE: _____	1	5	62/
243. What is the day of the week?	DAY: _____	1	5	63/
244. What is the month?	MONTH: _____	1	5	64/

		<u>CORRECT</u>	<u>ERROR</u>	
245. Can you tell me where we are right now? For instance, what (state/province) are we in?	STATE: _____	1	5	65/
246. What county are we in:	COUNTY: _____	1	5	66/
247. What (city/town) are we in?	CITY: _____	1	5	67/
248. A. What floor of the building are we on?	FLOOR: _____	1	5	68/
B. What is this address (IF INSTITUTIONALIZED: or name of this place)?	ADDRESS/NAME _____ _____ _____	1	5	69/

249. I am going to name 3 objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.

"Apple" "Table" "Penny"

Could you repeat the 3 items for me?
SCORE FIRST TRIAL.

	<u>CORRECT</u>	<u>ERROR</u>	
a. Apple	1	5	08/
b. Table	1	5	09/
c. Penny	1	5	10/

INTERVIEWER: REPEAT OBJECTS UNTIL ALL 3 ARE LEARNED.

250. Can you subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop?
COUNT ONLY 1 ERROR IF SUBJECT MAKES SUBTRACTION ERROR, BUT SUBSEQUENT ANSWERS ARE 7 LESS THAN ERROR.

	<u>CORRECT</u>	<u>ERROR</u>	<u>SAYS CAN'T DO</u>	<u>OTHER REFUSAL</u>	
a. (93)	1	5	7	9	11/
b. (86)	1	5	7	9	12/
c. (79)	1	5	7	9	13/
d. (72)	1	5	7	9	14/
e. (65)	1	5	7	9	15/

STOP

251. Now I am going to spell a word forwards and I want you to spell it backwards. The word is WORLD, W-O-R-L-D. Spell "WORLD" backwards. REPEAT SPELLING IF NECESSARY.

	<u>NUMBER OF ERRORS</u>						<u>REFUSED</u>	
<u>D</u> <u>L</u> <u>R</u> <u>O</u> <u>W</u>	0	1	2	3	4	5	7	16/

252. Now what were the 3 objects I asked you to remember?

	<u>CORRECT</u>	<u>ERROR</u>	
a. Apple	1	5	17/
b. Table	1	5	18/
c. Penny	1	5	19/

		<u>CORRECT</u>	<u>ERROR</u>		
253.	INTERVIEWER: SHOW WRIST WATCH A. What is this called?	Watch:	1	5	20/
	INTERVIEWER: SHOW PENCIL. B. What is this called?	Pencil:	1	5	21/
254.	I'd like you to repeat a phrase after me: "No if's, and's, or but's" ALLOW ONLY 1 TRIAL. CODE 1 REQUIRES AN ACCURATELY ARTICULATED REPETITION.		1	5	22/
255.	Read the words on this page and then do what it says. INTERVIEWER: HAND CARD B. CODE 1 IF RESPONDENT CLOSES EYES.		1	5	23/
256.	INTERVIEWER: READ FULL STATEMENT BELOW BEFORE HANDING RESPONDENT A BLANK PIECE OF PAPER. DO NOT REPEAT INSTRUCTIONS OR COACH. I am going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap. a. Takes paper in right b. Folds paper in half c. Puts paper down on lap		1	5	24/
			1	5	25/
			1	5	26/
257.	Write any complete sentence on that piece of paper for me. SENTENCE SHOULD HAVE A SUBJECT AND A VERB AND MAKE SENSE. SPELLING AND GRAMMATICAL ERRORS ARE OK.		1	5	27/
258.	Here's a drawing. Please copy the drawing on the same paper. INTERVIEWER: HAND CARD A. CORRECT IF 2 CONVEX FIVE-SIDED FIGURES AND INTERSECTION MAKES A FOUR-SIDED FIGURE.		1	5	28/

<input type="checkbox"/> OO	INTERVIEWER: DID YOU SKIP TO THIS SECTION (BEGINNING WITH Q.240) FROM Q.30 OR LATER QUESTIONS?	NO (ASK Q.259) ... 1 YES ... (GO TO <input type="checkbox"/> PP) ... 5	29
<input type="checkbox"/> PP	INTERVIEWER: ARE 12 OR MORE 5'S CODED IN QS.240 THRU 249 AND QS.252 THRU 258?	NO (RETURN TO Q. LAST ASKED BEFORE SKIPPING AND CONTINUE, BUT NOT MORE THAN 3 HOURS TOTAL) ... 1 YES ... (ASK Q.259) 5	30/

TIME ENDED

--	--

 HR

--	--

 MIN 31/

AM 1
PM 2

DATE:

--	--

--	--

--	--

 36/

INTERVIEWER # : 42/

STUDY: — — — 44/

259. As you can see, I tried to ask you about a lot of different kinds of emotional problems, memory problems, and habits that people might have. But, of course, everyone is different, and I might have skipped something that has been important to you. Have you had any problems I should have covered but didn't?

RECORD VERBATIM: _____

INTERVIEWER: DESCRIBE RESPONDENT AND INTERVIEW.

INTERVIEWER: CODE QS.260-PI6 WITHOUT ASKING.

260. NEOLOGISMS (USE OF MADE-UP OR MEANINGLESS WORDS)

EX: _____ NO (GO TO Q.261) 1
YES (RECORD EXAMPLES) 5 47/

261. THOUGHT DISORDER (VERBAL PRODUCTION THAT MAKES COMMUNICATION DIFFICULT BECAUSE OF LACK OF LOGICAL OR UNDERSTANDABLE ORGANIZATION).

EX: _____ NO (GO TO Q.262) 1
YES (RECORD EXAMPLES) 5 48/

262. FLAT AFFECT (LACK OF EMOTIONAL RESPONSIVENESS SUCH AS SMILING, SADNESS, IRRITABILITY, ETC.—I.E., TOTAL LACK OF FACIAL EXPRESSION. SHOULD PERSIST THROUGHOUT INTERVIEW TO BE CODED 5).

NO1
YES5 49/

263. BEHAVES AS IF HALLUCINATING (BEHAVES AS IF HEARING VOICES OR SEEING VISIONS, LIPS MOVE SOUNDLESSLY, GIGGLES TO SELF—NOT JUST FROM EMBARRASSMENT OR SHYNESS, GLANCES OVER SHOULDER, AS IF DISTRACTED BY A VOICE)

NO1
YES5 50/

P11. DOES R HAVE ANY OF THE FOLLOWING ABNORMALITIES?
CODE ALL THAT APPLY.

A. GROSSLY OBESE1 51/
B. VERY THIN, SKELETON-LIKE2 52/
C. SPEECH IMPEDIMENT (ENOUGH TO IMPAIR COMMUNICATION)3 53/
D. CRIPPLED(ANSWER D1 AND D2)4 54/

1. PART OF BODY: _____

2. HOW SEVERE: (CODE ONE.)

VERY SEVERE1
MODERATELY SEVERE2 55/
NOT SEVERE3

E. OTHER APPARENT ILLNESS(ANSWER E1)5 56/

1. TYPE OF ILLNESS: _____

F. DISFIGUREMENTS(ANSWER F1 AND F2)6 57/

1. TYPE: _____

2. HOW SEVERE: (CODE ONE.)

VERY SEVERE1
MODERATELY SEVERE2 58/
NOT SEVERE3

{ G. BLIND7 59/
H. DEAF8 60/

2. HOW WOULD YOU RATE R'S I.Q.?

HIGH1
AVERAGE2 61/
LOW, BUT SUFFICIENT3
TOO LOW TO ENSURE COMPREHENSION4

3. DID R REFUSE TO ANSWER ANY QUESTION(S)?

NO(SKIP TO P14)1
YES ... (GO TO A)5 62/

A. HOW MANY QUESTIONS DID R REFUSE?

63/
QS. REFUSED

P14. DID R UNDERSTAND ALL QUESTION(S)?

NO1
YES(SKIP TO P15)5

66/

A. HOW MANY QUESTIONS DIDN'T R UNDERSTAND?

67/

QS.

P15. WAS THE INTERVIEW A BREAK-OFF?

NO(SKIP TO P16)1
YES5

70/

A. WHAT WAS THE REASON FOR THE BREAK-OFF
(CODE ALL THAT APPLY)INTERVIEWER EMERGENCY1
RESPONDENT EMERGENCY2
RESPONDENT TIRED, BORED3
RESPONDENT ANGRY ABOUT QUESTIONS4
RESPONDENT UPSET ABOUT QUESTIONS5
OTHER6
SPECIFY _____

71/

How do you
know what the
entire is (a) 71

if more than 1 ticked?

B. WHAT WAS LAST QUESTION ANSWERED BY R?

Q. _____

72/

P16. WAS THE INTERVIEW GIVEN IN MORE THAN 1 SESSION?

NO1
YES(END)5

08/

BEGIN DECK 21

A. AFTER HOW LONG WAS THE INTERVIEW INTERRUPTED?

HR MNS

09/

B. AFTER WHAT QUESTION?

Q. _____

13/

CARD C

MARIJUANA, HASHISH, POT, GRASS

AMPHETAMINES, STIMULANTS, UPPERS, SPEED

BARBITURATES, SEDATIVES, DOWNERS, SLEEPING PILLS,
SECONAL, QUAAALUDES

TRANQUILIZERS, VALIUM, LIBRIUM

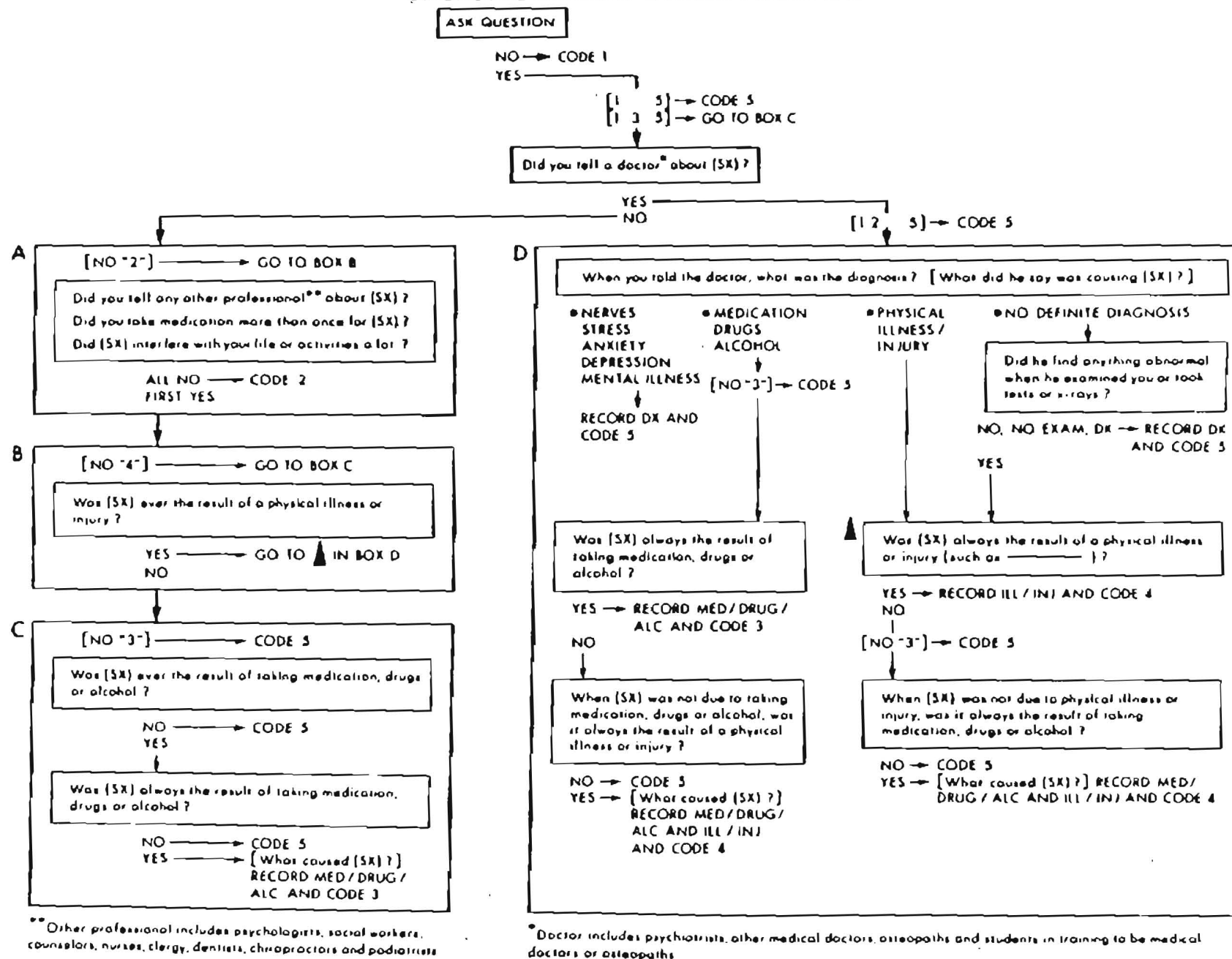
COCAINE, COKE

HEROIN

OPIATES OTHER THAN HEROIN (CODEINE, DEMEROL, MORPHINE,
METHADONE, DARVON, OPIUM)

PSYCHEDELICS (LSD, Mescaline, PEYOTE, PSILOCYBIN, DMT, PCP)

OTHER



EVALUATION FOR THE DIS3A INTERVIEW

Did you tell the truth in this interview?

1. Yes
2. No
3. Don't know

Were any questions too personal for you to answer accurately?

1. Yes
2. No

Did you answer any question that you really didn't understand?

1. Yes
2. No

Were there times when you wanted to back and change an answer but didn't or couldn't?

1. Yes
2. No

Did you answer any questions "No" to get through faster?

1. Yes
2. No

Do you think you would be more embarrassed being interviewed by --

1. A person
2. A computer
3. No difference

How comfortable were you being interviewed this way?

1. Not at all
2. A little
3. Moderately
4. Quite a bit
5. Very comfortable

How well did you get your ideas across?

1. Not at all
2. A little
3. Moderately
4. Quite a bit
5. Very well

How well did you describe your feelings?

1. Not at all
2. A little
3. Moderately
4. Quite a bit
5. Very well

How much were the right questions asked?

1. Not at all
2. A little
3. Moderately
4. Quite a bit
5. Very much

How well did you understand the questions?

1. Not at all
2. A little
3. Moderately
4. Quite a bit
5. Very well

Was the interview --

1. Much too short
2. A bit too short
3. About the right length
4. A bit too long
5. Much too long

Would you rather give the kind of information collected in this interview directly to --

1. A computer
2. A person
3. No difference

Comments:

SEXUAL HISTORY QUESTIONNAIRE

Appendix 2

1. Before you turned 14, were you ever upset by anyone exposing their genitals?
2. Did anyone ever try or succeed in having any kind of sexual intercourse with you against your wishes before you turned 14?
3. In those years, did anyone ever try or succeed in getting you to touch their genitals against your wishes (besides anyone you have already mentioned)?*
4. Did anyone ever try to or succeed in touching your breasts or genitals against your wishes before you turned 14 (besides anyone you have already mentioned)?
5. Before you turned 14, did anyone feel you, grab you, or kiss you in a way that you found sexually threatening (besides anyone that you have mentioned already)?
6. Before you turned 14, did you have any (other) upsetting sexual experiences that you have not mentioned yet?
7. At any time in your life, have you ever had an unwanted sexual experience with a girl or a woman?
8. At any time in your life have you ever been the victim of a rape or an attempted rape?
9. Some people have experienced unwanted sexual advances by someone who had authority over them, such as a doctor, teacher, employer, minister, therapist, policeman, or much older person. Did you ever have any kind of unwanted sexual experience with someone who had authority over you, at any time in your life?

10. People often don't think about their relatives when thinking about sexual experiences, so the next two questions are about relatives. At any time in your life, has an uncle, brother, father, grandfather, or female relative ever had any kind of sexual contact with you?
11. At any time in your life, has anyone less closely related to you, such as a step-parent, stepbrother, stepsister-in-law or first cousin had any kind of sexual contact with you?
12. In general, have you narrowly missed being sexually assaulted by someone at any time in your life (other than what you have already mentioned)?
13. And have you ever been in any situation where there was violence or threat of violence, where you were also afraid of being sexually assaulted - again, other than you (might) have already mentioned?
14. Can you think of any (other) unwanted sexual experiences (that you haven't mentioned yet)?

*Wording in brackets was used as appropriate.

Appendix 3

SELF-ESTEEM SCALE

M. Rosenberg 1965

Please read each statement carefully and put a ring around the number that best describes how you feel about it.

On the whole I am satisfied with myself

1. strongly agree
2. agree
3. neutral
4. disagree
5. strongly disagree

At times I think I am no good at all

1. strongly agree
2. agree
3. neutral
4. disagree
5. strongly disagree

I feel that I have a number of good qualities

1. strongly agree
2. agree
3. neutral
4. disagree
5. strongly disagree

I am able to do things as well as most other people

1. strongly agree
2. agree
3. neutral
4. disagree
5. strongly disagree

I feel that I do not have much to be proud of

1. strongly agree
2. agree
3. neutral
4. disagree
5. strongly disagree

I certainly feel useless at times

1. strongly agree
2. agree
3. neutral
4. disagree
5. strongly disagree

I feel that I am a person of worth, at least on an equal plane with others

1. strongly agree
2. agree
3. neutral
4. disagree
5. strongly disagree

I wish I could have more respect for myself

1. strongly agree
2. agree
3. neutral
4. disagree
5. strongly disagree

All in all, I am inclined to feel I am a failure

1. strongly agree
2. agree
3. neutral
4. disagree
5. strongly disagree

I take a positive attitude toward myself

1. strongly agree
2. agree
3. neutral
4. disagree
5. strongly disagree

HANDSCORING FOR THE DIS 111-A

8/1/84

DSM-III Handscoring for the DIS, Version III

FACE SHEET OF DIAGNOSES

RESPONDENT'S I.D. NUMBER:

DATE OF SCORING:

(month) / (day) / (year)

SCORER'S NAME:

Last

First

Code

1. Organic Brain Syndrome..... 1 .. 2 .. 3 .. 4 .. 5 .. 6 .. 7 .. 9

All criteria met
including exclusion
criteria, if anyNot severe-exclusion
criteria not metNot severe -
exclusion criteria
met, if anyAll criteria
met except
diagnostic
hierarchy
(exclusions).

Absent

Recency

PAGE #	ITEM #								
5	2.	Mania (Bipolar).....	1	2	3	4	5		
7	3A	Major Depressive Episode.....	1	2	3	4	5		
7	8	Major Depression (Single Episode)...	1	2	3	4	5		
7	C	Major Depression (Recurrent).....	1	2	3	4	5		
7	D	Grief Reaction.....	1	2	3	4	5		
10	4.	Dysthymic Disorder.....	1	2	3	4	5		
11	5.	Atypical Bipolar Disorder.....	1	2	3	4	5		
12	6A	Alcohol Abuse.....	1	2	3	4	5		
12	8	Alcohol Dependence.....	1	2	3	4	5		
14	7A	Drug Abuse.....	1	2	3	4	5		
14	8	Drug Dependence.....	1	2	3	4	5		
15	8.	Schizophrenia.....	1	2	3	4*	5	6*	
15	9.	Schizophreniform.....	1	2	3	4*	5	6*	
19	10.	Obsessive Compulsive Disorder.....	1	2	3	4	5		
20	11.	Agoraphobia.....	1	2	3	4	5		
20	12.	Social Phobia.....	1	2	3	4	5		
21	13.	Simple Phobia.....	1	2	3	4	5		
22	14.	Somatization Disorder.....	1	2	3	4	5		
24	15.	Panic Disorder.....	1	2	3	4	5		
26	16.	Agoraphobia with Panic Attacks.....	1	2	3	4	5		
27	17.	Antisocial Personality.....	1	2	3	4	5		
30	18.	Anorexia Nervosa.....	1	2	3	4	5		
32	19.	Tobacco Dependence.....	1	2	3	4	5		
33	20.	Pathological Gambling.....	1	2	3	4	5		
34	21.	Psychosexual Dysfunction.....	1	2	3	4	5		
35	22.	Transsexualism.....	1	2	3	4	5		
36	23.	Egodystonic Homosexuality.....	1	2	3	4	5		

Special codes: 4* is equivalent to 3, except disorder is not current.

6* is equivalent to 5, except disorder is not current.

Recency codes:

1=Within last two weeks or current

2=Within last month

3=Within last 6 months

4=Within last year

5=More than 1 year ago

Handscoring the DIS for DSM-III Diagnoses

All DSM III Diagnoses covered in this document are listed on the face sheet and scored as 1-Absent; 2-meets other criteria but not severe; 3-meets all DSM III criteria for the disorder, including exclusion criteria, if any; 4-meets criteria other than severity and exclusion criteria; or 5-meets criteria except absence of excluding diagnosis.

For each DSM-III criterion there is a question in parenthesis concerning the coding of the corresponding DIS question(s). If the answer to this question is no, circle "No" in the adjacent column. If the answer to the question is yes, then circle "Yes" in the column. You will be told to go to the next diagnosis as soon as you have enough information to definitely code a diagnosis as negative or positive.

After completely coding life-time diagnoses, you will code most recent symptoms of each positive diagnosis. These are coded 1 = within 2 weeks, 2 = more than 2 weeks, less than 1 month; 3 = more than 1 month, less than 6 months; 4 = more than 6 months, less than 1 year; and 5 = more than 1 year ago.

The diagnosis plus recency tell you whether criteria for the diagnosis have ever been met and whether symptoms are still present. Recency codes allow you to define "currently ill" in 4 different ways.

You will find handscoring the full DIS to be laborious. However, carefully following these instructions will produce positive codes equivalent to codes produced by computer. Not all the computer-produced information is available. To reduce your labor, negative codes have omitted certain details available by computer. The most important of these is a distinction between

diagnoses negative because the respondent denied the symptoms and negative because the interviewer forgot to ask, or was instructed not to ask the relevant questions or because the respondent would not or could not answer. Therefore, when hand-scoring, remember to drop diagnoses for which interviews are absent or incomplete in order to avoid false reports of "no disorder." Instead of 8 individual diagnoses of abuse or dependence for 8 different drug classes, the hand-scoring provides only a summary. Also unavailable by handscoring is the code representing any of the 3 types of phobia you will score, and the total number of positive diagnoses. These can be easily tallied from the face sheet if desired. The program uses the following rules for counting total positive diagnoses: a) count only code 3's; b) count alcohol abuse and dependence together; c) count drug abuse and dependence together; d) count the 3 phobia diagnoses together; e) do not count grief reaction.

Also unavailable by hand-scoring are the number of symptoms for each diagnosis, a total count of symptoms, age when first symptom experienced, age at last symptom, whether a doctor was consulted for each positive diagnosis, and for how many disorders a doctor was consulted.

As explained in documentation for the computer program, there are a few instances in which the DSM-III criteria are not met precisely by the DIS. Refer to these in deciding how comparable a positive diagnosis is to DSM-III criteria.

CRITERIA IN DSM-III WHICH ARE NOT COVERED BY THE DIS

MAJOR DEPRESSIVE EPISODE

C2 DSM-III Criterion C2 "bizarre behavior" as an exclusion criterion.

D One criterion in Item D, Paranoid Disorder.

DYSTHYMIA

D. Item 4: Decreased effectiveness or productivity at school, work, or home.

Item 6: Social withdrawal.

Item 8: Irritability or excessive anger.

Item 9: Inability to respond with apparent pleasure to praise or rewards.

Item 11: "pessimistic attitude toward the future, brooding about past events, feeling sorry for self,".. A "life is hopeless" attitude is covered by DIS Question 58. However, there are no equivalents to part of this criterion: "brooding about past events or feeling sorry for self".

F. "If the disturbance is superimposed on a pre-existing mental disorder, such as Obsessive Compulsive Disorder or Alcohol Dependence, the depressed mood, by virtue of its intensity or effect on functioning, can be clearly distinguished from the individual's usual mood."

MANIA

C2 "bizarre behavior."

D One criterion only: "Paranoid Disorder."

ALCOHOL ABUSE

A. "Drinking of non-beverage alcohol."

C. "Duration of disturbance of at least one month."

OBSESSIVE COMPULSIVE DISORDER

C. Since a diagnosis of Tourette's Disorder is not made, it cannot be used as an exclusion criterion.

TRANSSEXUALISM

D. "Absence of physical intersex or genetic abnormality."

PATHOLOGICAL GAMBLING

- B1 "arrest ... due to attempts to obtain money for gambling."
- B4 "borrowing of money from illegal sources (loan sharks)."
- B5 "inability to account for loss of money or to produce evidence of winning money, if this is claimed."

SCHIZOPHRENIA

- A2, "somatic, grandiose, religious, nihilistic, or other delusions without persecutory or jealous content," are counted only if volunteered.

1. ORGANIC BRAIN SYNDROME

A. Orientation as to Time:

Count the number of 1s (correct answers) coded in Qs. 240-244 and enter the number in box A₁.

Count the number of 5s (errors) coded in Qs. 240-244 and enter the number in box A₅.

Count the number of missing and refused answers in Qs. 240-244 and enter the number in box A₉.

A ₁	A ₅	A ₉

TOTAL = 5

B. Orientation as to Place:

Count the number of 1s (correct answers) coded in Qs. 245-247, 248A & 248B and enter the number in box B₁.

Count the number of 5s (errors) coded in Qs. 245-247, 248A & 248B and enter the number in box B₅.

Count the number of missing and refused answers in Qs. 245-247, 248A & 248B and enter the number in box B₉.

B ₁	B ₅	B ₉

TOTAL = 5

C. Registering

Count the number of 1s (correct answers) coded in Qs. 249 a-c and enter the number in box C₁.

Count the number of 5s (errors) coded in Qs. 249 a-c and enter the number in box C₅.

Count the number of missing and refused answers in Qs. 249 a-c and enter the number in box C₉.

C ₁	C ₅	C ₉

TOTAL = 3

D. Short-term memory

Count the number of 1s (correct answers) coded in Qs. 252 a-c and enter the number in box D₁.

Count the number of 5s (errors) coded in Qs. 252 a-c and enter the number in box D₅.

Count the number of missing and refused answers in Qs. 252 a-c and enter the number in box D₉.

D ₁	D ₅	D ₉

TOTAL = 3

E. Aphasia and Articulation:

Count the number of 1s (correct answers) coded in Qs. 253A, 253B & 254 and enter the number in box E₁.

Count the number of 5s (errors) coded in Qs. 253A, 253B & 254 and enter the number in box E₅.

Count the number of missing and refused answers in Qs. 253A, 253B & 254 and enter the number in box E₉.

E ₁	E ₅	E ₉

TOTAL = 3

F. Following written and verbal directions:

Count the number of 1s (correct answers) coded in Qs. 255 & 256a-c and enter the number in box F_1 .

Count the number of 5s (errors) coded in Qs. 255 & 256a-c and enter the number in box F_5 .

Count the number of missing and refused answers in Qs. 255 & 256a-c and enter the number in box F_9 .

F_1	F_5	F_9
-------	-------	-------

TOTAL = 4

G. Ability to write and copy:

Count the number of 1s (correct answers) coded in Qs. 257-258 and enter the number in Box G_1 .

Count the number of 5s (errors) coded in Qs. 257-258 and enter the number in box G_5 .

Count the number of missing and refused answers in Qs. 257-258 and enter the number in box G_9 .

G_1	G_5	G_9
-------	-------	-------

TOTAL = 2

I. MINI SCORE

Put the sum of Boxes A_1 - G_1 in Box MINI1, the sum of Boxes A_5 - G_5 in Box MINI5, and the sum of Boxes A_9 - G_9 in Box MINI9.

If the sum of MINI1 + MINI5 + MINI9 does not equal 25, recheck your addition and correct any errors in Boxes A-G.

MINI1	MINI5	MINI9
-------	-------	-------

TOTAL = 25

I. SUBTRACTION

Count the number of 1s (correct answers) coded in Q. 250 a-e and enter the number in Box SUBT1.

Count the number of 5s (errors) coded in Q. 250 a-e and enter the number in Box SUBT5.

Count the number of 7s (can't dos) coded in Q. 250 a-e and enter the number in Box SUBT7.

Count the number of 9s (other refusals) coded in Q. 250 a-e and enter the number in Box SUBT9.

SUBT1	SUBT5	SUBT7	SUBT9
-------	-------	-------	-------

TOTAL = 5

. SPELLING BACKWARDS

CASE 1: Was Q. 251 answered?: Are there entries made in the blanks " " and is a number of errors circled?

D E R O W

IF YES, enter the number of errors (0-5) coded in Q. 251 in Box WORLD5, subtract that number from 5 and put the answer in Box WORLD1, and enter 0 in both Boxes WORLD7 and WORLD9 AND GO TO IV.
IF NO, GO TO CASE 2.

CASE 2: Q. 251 was not answered: the blanks " 0 0 0 0 0 " are not filled in and "number of errors" is not coded. In this case, enter a 0 in both boxes WORLD1 and WORLD5.

Is Q. 251 coded 7 (refused)?

IF YES, enter 5 in Box WORLD7 and 0 in Box WORLD9.
IF NO, enter 0 in Box WORLD7 and 5 in Box WORLD9.

WORLD1

WORLD5

WORLD7

WORLD9

TOTAL = 5

IV. CHOOSING BETWEEN SERIAL SUBTRACTION AND SPELLING BACKWARDS

Look at Boxes SUBT1 and WORLD1:

A. Is SUBT1=WORLD1?

IF YES, GO TO 8
IF NO, enter the larger number from Box SUBT1 and Box WORLD1 in Box BACK1.
If the larger number came from WORLD1 fill in boxes BACK5,7,8 & 9 by putting BACK5=WORLD5, BACK7=0, BACK8=WORLD7 and BACK9=WORLD9.
If the larger number came from SUBT1 fill in boxes BACK5,7,8, & 9 by putting BACK5=SUBT5, BACK7=SUBT7, BACK8=0 and BACK9=SUBT9.
GO TO V.

B. ARE SUBT1 AND WORLD1 BOTH ZERO?

IF YES, GO TO C.
IF NO, fill in boxes BACK1,5,7,8 & 9 by putting BACK1=WORLD1, BACK5=WORLD5, BACK7=0, BACK8=WORLD7 and BACK9=WORLD9. GO TO V.

C. IS SUBT5 + SUBT7 < WORLD5 ?

IF YES, enter 0 in Box BACK1 and fill in boxes BACK5,7,8 & 9 by putting BACK5=WORLD5, BACK7=0, BACK8=WORLD7 and BACK9=WORLD9.
IF NO, enter 0 in Box BACK1 and fill in boxes BACK5,7,8 & 9 by putting BACK5=SUBT5, BACK7=SUBT7, BACK8=0 and BACK9=SUBT9.

BACK1

BACK5

BACK7

BACK8

BACK9

TOTAL = 5

V. TOTAL MINIMENTAL SCORES

OBSTOT: $\boxed{}_{\text{MINI5}} + \boxed{}_{\text{BACK5}} + \boxed{}_{\text{BACK7}} = \boxed{}_{\text{OBSTOT}}$

TOTWRONG: $\boxed{}_{\text{MINI9}} + \boxed{}_{\text{BACK8}} + \boxed{}_{\text{BACK9}} + \boxed{}_{\text{OBSTOT}} = \boxed{}_{\text{TOTWRONG}}$

VI. ORGANIC BRAIN SYNDROME DIAGNOSIS

Look at OBSTOT and TOTWRONG. Circle the correct code on the table below and on the face sheet for Item 1 (Organic Brain Syndrome) and go to the next diagnosis.

<u>CODE</u>	<u>MEANING</u>	<u>OBSTOT</u>	<u>TOTWRONG</u>
1	ABSENT	0-6	0-6
2	DEFINITELY MILD	7-12	7-12
3	DEFINITELY SEVERE	13+	13+
4	POSSIBLY SEVERE, DEFINITELY MILD	7-12	13+
6	POSSIBLY MILD, MAY BE ABSENT	0-6	7-12
7	COULD BE SEVERE, MILD OR ABSENT	0-6	13+
9	INDETERMINATE	0-4	26+

2. MANIA (BIPOLAR)

One or more distinct periods with a predominantly elevated, expansive, or irritable mood. The elevated or irritable mood must be a prominent part of the illness and relatively persistent, although it may alternate or intermingle with depressive mood.

	ITEM	
1. Elevated, expansive mood .....(IS Q. 100 CODED 5?)	NO	YES A ₁
2. Irritable mood .....(IS Q. 110A CODED 5?)	NO	YES A ₂
<input type="checkbox"/> A _S IS A ₁ OR A ₂ CODED YES?.....	NO	YES <input type="checkbox"/> A _S

IF ☐ A_S IS NO, CODE 1 FOR ITEM 2 (MANIA)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF ☐ A_S IS YES, GO TO 8.

Duration of at least 1 week (or any duration if hospitalization is necessary), during which, for most of the time, at least 3 of the following symptoms have persisted and were present to a significant degree (4 if mood is only irritable).
USE CODES ONLY IN COLUMN II (WORST PERIOD)

1. Increase in activity (either socially, at work or sexually) or physical restlessness (IS Q.101II OR Q.103II CODED 5?)	NO	YES	B ₁
2. Excessive involvement in activities that have a high potential for painful consequences which is not recognized, e.g., buying sprees, sexual indiscretions, foolish business investments, reckless driving.....(IS Q. 102II CODED 5?)	NO	YES	B ₂
3. More talkative than usual or pressure to keep talking (IS Q. 104II CODED 5?)	NO	YES	B ₃
4. Flight of ideas or subjective experience that thoughts are racing.....(IS Q. 105II CODED 5?)	NO	YES	B ₄
5. Inflated self-esteem (grandiosity which may be delusional).....(IS Q. 106II CODED 5?)	NO	YES	B ₅
6. Decreased need for sleep.....(IS Q. 107II CODED 5?)	NO	YES	B ₆
7. Distractibility, i.e., attention too easily drawn to unimportant or irrelevant external stimuli (IS Q. 108II CODED 5?)	NO	YES	B ₇

B_S ARE THERE 4 OR MORE YESES IN B₁-B₇?

IF **B_S** IS YES, GO TO C.

IF **B_S** IS NO, GO TO **B_{S1}**.

B_{S1} ARE THERE 3 YESES IN B₁-B₇?

IF **B_{S1}** IS NO, CODE 1 FOR ITEM 2 (MANIA) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

IF **B_{S1}** IS YES, GO TO **B_{S2}**.

B_{S2} IS A₁ YES?

IF YES, GO TO C.

IF NO, CODE 1 FOR ITEM 2 (MANIA) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

Does the manic episode meet severity criteria?
(IS Q. 113 OR 113A OR 113B OR 113C CODED 5?)

Does either a preoccupation with mood-incongruent delusion or hallucination dominate the clinical picture when an affective disorder is absent?
(IS Q. 140 OR 140A CODED 5?)

IF YES, AND C IS YES, CODE 5 FOR ITEM 2 (MANIA) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

IF YES, AND C IS NO, CODE 4 FOR ITEM 2 (MANIA) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

IF NO, GO TO E.

Look at Face Sheet. Is Organic Brain Syndrome coded 3?

IF YES, AND C IS YES, CODE 5 FOR ITEM 2 (MANIA) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

IF YES, AND C IS NO, CODE 4 FOR ITEM 2 (MANIA) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

IF NO, AND C IS YES, CODE 3 FOR ITEM 2 (MANIA) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

IF NO, AND C IS NO, CODE 2 FOR ITEM 2 (MANIA) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

		ITEM
NO	YES	B_S
NO	YES	B_{S1}
NO	YES	B_{S2}
NO	YES	C
NO	YES	D
NO	YES	E

3A (MAJOR DEPRESSIVE EPISODE), 3B (MAJOR DEPRESSION:
SINGLE EPISODE), 3C (MAJOR DEPRESSION: RECURRENT),
AND 3D (GRIEF REACTION)

Dysphoric mood which is prominent and relatively persistent.
(IS Q. 72 CODED 5 OR
Q. 92 CODED 002-998 ?)

IF A IS NO, CODE 1 FOR ITEMS 3A, 3B,
3C, 3D AND 5 ON FACE SHEET AND GO TO
NEXT DIAGNOSIS.
IF A IS YES, GO TO B.

A symptom must be present nearly every day for at
least two weeks and must occur with dysphoric
mood to be coded YES.

1. Poor appetite or significant weight loss or
increased appetite or significant weight
gain.....(IS Q. 74II OR 75II OR 76II CODED 5?)
2. Insomnia or hypersomnia....(IS Q. 77II OR 78II CODED 5?)
3. Loss of energy or fatigue.....(IS Q. 79II CODED 5?)
4. Psychomotor agitation or retardation
.....(IS Q. 80II OR 81II CODED 5?)
5. Loss of pleasure or interest in activities, or
decrease in sexual drive.....(IS Q. 82II CODED 5?)
6. Feelings of worthlessness, self-reproach,
or excessive or inappropriate guilt
(may be delusional).....(IS Q. 83II CODED 5?)
7. Complaints or evidence of diminished
ability to think or concentrate. Slowed thinking
or indecisiveness.....(IS Q. 84II OR 85II CODED 5?)
8. Recurrent thoughts of death, suicidal ideation,
or wishes to be dead or suicidal attempts
.....(IS Q. 86II OR 87II OR 88II OR 89II CODED 5?)

B₅ Are there 4 or more yeses in B₁-B₈?

IF **B₅** IS NO, CODE 1 FOR ITEMS 3A, 3B,
3C, 3D AND 5 ON FACE SHEET AND GO TO
NEXT DIAGNOSIS.
IF **B₅** IS YES, GO TO C.

		ITEM
NO	YES	A
NO	YES	B ₁
NO	YES	B ₂
NO	YES	B ₃
NO	YES	B ₄
NO	YES	B ₅
NO	YES	B ₆
NO	YES	B ₇
NO	YES	B ₈
NO	YES	B₅

ITEM

- C. Was any depressive episode severe?
(IS Q. 94 OR 94A OR 94B OR 94C CODED 5?)
- D. Was the depression due only to bereavement?
.....(IS Q. 96A CODED 2?)

IF YES, CODE 1 FOR ITEMS 3A, 3B, 3C AND
ITEM 5 ON FACE SHEET, CODE 3 FOR ITEM 3D
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF NO, CODE 1 FOR ITEM 3D ON FACE SHEET
AND GO TO E.

1. Does a preoccupation with a mood-incongruent delusion or hallucination dominate the clinical picture when an affective syndrome is absent?.....(IS Q. 140 OR 140A CODED 5?)

IF E IS YES, AND C IS YES, CODE 5 FOR
ITEM 3A ON FACE SHEET AND GO TO G.
IF E IS YES AND C IS NO, CODE 4 FOR ITEM
3A ON FACE SHEET, CODE 1 FOR ITEM 3B AND
3C ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF E IS NO AND C IS YES, GO TO F.

Look at Face Sheet. Is Organic Brain coded 3?

IF YES, AND C IS YES, CODE 5 FOR ITEM 3A ON
FACE SHEET AND GO TO G.
IF YES AND C IS NO, CODE 4 FOR ITEM 3A ON
ON FACE SHEET, CODE 1 FOR ITEMS 3B AND 3C
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF NO, AND C IS YES, CODE 3 FOR ITEM 3A ON
FACE SHEET AND GO TO G.
IF NO AND C IS NO, CODE 2 FOR ITEM 3A ON
FACE SHEET, CODE 1 FOR ITEM 3B AND 3C ON
FACE SHEET AND GO TO NEXT DIAGNOSIS.

Look at Face Sheet. Is Mania (2) coded 3 or 5?

IF YES, CODE 1 FOR ITEM 3B & 3C ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF NO, GO TO H.

Was the depression:

H₁ A single episode?.....(IS Q. 93 CODED 01?)

IF H IS YES, COPY CODE 3A INTO 3B
(SINGLE EPISODE) & CODE 1 IN 3C
(RECURRENT) ON FACE SHEET AND GO TO
NEXT DIAGNOSIS.

IF H_1 IS NO, GO TO H_2 .

NO	YES	C
NO	YES	D
NO	YES	E
NO	YES	F
NO	YES	G
NO	YES	H

☐ H₂

Recurrent--more than 1 episode in
lifetime.....(IS Q. 93 CODED 02-96 OR 98?)

NO	YES

☐ H₂

IF <input type="checkbox"/> H ₂ IS YES, CODE 1 IN ITEM 3B, COPY CODE 3A INTO 3C ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
--

ITEM

Was respondent depressed for 2 years? (IS Q.73 CODED 5?)
OR Q.92 CODED 104-996?)

IF NO, CODE 1 FOR ITEM 4 (DYSTHYMIA) ON
FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF YES, SEE D.

1. Tearfulness or crying.....(IS Q. 57 CODED 5?)

2. Pessimistic attitude toward the future, brooding about past events, or feeling sorry for self.....(IS Q. 58 CODED 5?)

NOTE: FOR Q. 77-88 USE CODES IN COLUMN I (EVER)

3. Insomnia or hypersomnia.....(IS Q. 77I OR 78I CODED 5?)

4. Low energy level or chronic tiredness
.....(IS 0. 79I CODED 5?)

5. Less active or talkative than usual, or feels slowed down or restless....(IS Q. 80I OR 81I CODED 5?)

6. Loss of interest in or enjoyment of pleasurable activities.....(IS 9, 82I CODED 5?)

7. Feelings of inadequacy, loss of self-esteem, or self-deprecation.....(IS Q. 83I CODED 5?)

8. Decreased attention, concentration, or ability to think clearly....(IS 0. 84I OR 85I CODED 5?)

9. Recurrent thoughts of death or suicide.....(IS Q. 86I OR 87I OR 88I CODED 5?)

IF FEWER THAN 3 YESSES IN D₁-D₉, CODE 1
FOR ITEM 4 (DYSTHYMIA) ON FACE SHEET
AND GO TO NEXT DIAGNOSIS.
IF 3 OR MORE YESSES, GO TO E.

Are psychotic features--such as delusions, hallucinations, incoherence, or loosening of associations--present?
... (IS ANY QUESTION IN Q. 118-126, OR Q. 129-132 OR Q. 261 CODED 5?)

IF E IS YES, CODE 1 FOR ITEM 4 (DYSTHYMIA)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF E IS NO, GO TO F.

Look at Face Sheet. Is Major Depressive Episode (3A on face sheet) coded 3?

IF YES, CODE 5 FOR ITEM 4 (DYSTHYMIA) ON
FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF NO, CODE 3 FOR ITEM 4 (DYSTHYMIA) ON
FACE SHEET AND GO TO NEXT DIAGNOSIS.

NO	YES	
NO	YES	D ₈
NO	YES	D ₇
NO	YES	D ₁
NO	YES	D ₂
NO	YES	D ₆
NO	YES	D ₅
NO	YES	D ₃
NO	YES	D ₄
NO	YES	D ₉
NO	YES	E
NO	YES	F

5. ATYPICAL BIPOLAR DISORDER

A residual category for individuals with manic features that cannot be classified as bipolar disorder (e.g., an individual who previously had a major depressive episode and now has an episode of illness with some manic features but not of sufficient severity and duration to meet criteria for a manic episode).

1.. Look at Face Sheet. Is ITEM 2 (Mania) coded 3 or 5?

IF YES, CODE 1 FOR ITEM 5 (ATYPICAL BIPOLAR) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF NO, GO TO A₂.

2.. Is manic mood present? (IS Q.100 OR Q.110A CODED 5?)

IF NO, CODE 1 FOR ITEM 5 (ATYPICAL BIPOLAR) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF YES, GO TO A₃.

3. Are any other manic symptoms present?
USE CODES IN COLUMN I (EVER).
(ARE THERE ANY 5's, Q.101I-108I?)

IF NO, CODE 1 FOR ITEM 5 (ATYPICAL BIPOLAR) DISORDER ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF YES, GO TO A₄.

4. Look at Face Sheet. Is ITEM 3A (Major Depressive Episode) CODED 2-5?

IF NO, CODE 1 FOR ITEM 5 (ATYPICAL BIPOLAR) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF YES AND ITEM 3A ON FACE SHEET IS 4,
CODE 2 FOR ITEM 5 (ATYPICAL BIPOLAR) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF YES, AND ITEM 3A ON FACE SHEET IS 2, 3, OR 5, COPY CODE FOR 3A INTO ITEM 5 (ATYPICAL BIPOLAR DISORDER) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

		ITEM
NO	YES	A ₁
NO	YES	A ₂
NO	YES	A ₃

6A AND 6B: ALCOHOL ABUSE AND DEPENDENCE

A. Pattern of pathological alcohol use:

	ITEM	
1. Occasional consumption of a fifth of spirits (or its equivalent in wine or beer) (IS Q. 152 CODED 5?)	NO	YES A ₁
2. Inability to cut down or stop drinking ... (IS Q. 157 CODED 5?)	NO	YES A ₂
3. Repeated efforts to control or reduce excess drinking by abstinent period or restricting drinking to certain times of the day (IS Q. 158 CODED 5?)	NO	YES A ₃
4. Binges (remaining intoxicated throughout the day for at least two days at a time) (IS Q. 165B CODED 2-96?)	NO	YES A ₄
5. Amnesic periods for events occurring while intoxicated (blackouts) (IS Q. 166 CODED 5?)	NO	YES A ₅
6. Continuation of drinking despite a serious physical disorder that the individual knows is exacerbated by alcohol use (IS Q. 169 CODED 5?)	NO	YES A ₆
7. Need for daily use of alcohol for adequate functioning (IS Q. 170 CODED 5?)	NO	YES A ₇

3. Impairment in social or occupational functioning
due to alcohol such as:

1. Difficulties with family because of excessive alcohol use.....(IS Q. 150 CODED 5?)	NO	YES B ₁
2. Difficulties with friends because of excessive alcohol use.....(IS Q. 156 CODED 5?)	NO	YES B ₂
3. Absence from work.....(IS Q. 160 CODED 5?)	NO	YES B ₃
4. Loss of job.....(IS Q. 161 CODED 5?)	NO	YES B ₄
5. Auto accident from alcohol or arrested for drunk driving.....(IS Q. 162 CODED 5?)	NO	YES B ₅
6. Arrested for drinking or disturbing the peace while drinking.....(IS Q. 163 CODED 5?)	NO	YES B ₆
7. Violence while intoxicated.....(IS Q. 164 CODED 5?)	NO	YES B ₇

IF NO 'YES' IN A OR B, CODE 1 FOR BOTH
ITEMS 6A & 6B (ALCOHOL ABUSE AND
ALCOHOL DEPENDENCE) ON FACE SHEET
AND GO TO NEXT DIAGNOSIS
OTHERS GO TO C.

olerance or withdrawal

Tolerance.....(IS Q. 153 CODED 5?)

Development of alcohol withdrawal after cessation or reduction in drinking (e.g., morning "shakes" and malaise relieved by drinking (IS Q. 159 OR 167 CODED 5?)

IF C₁ OR C₂ IS YES, CODE 3 FOR ITEM 6B (ALCOHOL DEPENDENCE) ON FACE SHEET AND GO TO D.
IF BOTH C₁ & C₂ ARE NO, CODE 1 FOR ITEM 6B (ALCOHOL DEPENDENCE) ON FACE SHEET AND GO TO D.

s there at least 1 YES in both A and B?

IF YES, CODE 3 FOR ITEM 6A (ALCOHOL ABUSE) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF NO, CODE 1 FOR ITEM 6A (ALCOHOL ABUSE) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

		ITEM
NO	YES	C ₁
NO	YES	C ₂
NO	YES	D

(7A & 7B) DRUG ABUSE AND DEPENDENCE

ITEM

A. Has R used any drug more than 5 times?....(IS Q.183 CODED 5?)

IF A IS NO, CODE 1 FOR BOTH ITEM 7A (DRUG ABUSE) AND ITEM 7B (DRUG DEPENDENCE) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF A IS YES, GO TO B.

B. Pathological Use

(IS THERE A 5 OR 3 CODED IN:
Q. 184A 1-4, 6 OR 7 OR
Q. 186A 2-8 OR
Q. 189A 2, 5-7 OR
Q. 191A 1, 2, 5 OR 8?)

IF B IS YES, GO TO C.
IF B IS NO, CODE 1 FOR ITEM 7A (DRUG ABUSE) ON FACE SHEET AND GO TO C.

Social Problems

(IS ANY DRUG IN:
Q. 190A 1-8 CODED 3 OR 5?)

IF NEITHER B OR C IS YES, CODE 1 FOR BOTH 7A (DRUG ABUSE) AND 7B (DRUG DEPENDENCE) AND GO TO NEXT DIAGNOSIS.

Are both B and C Yes?

SEVERITY

(IS THERE A YES IN Q. 192-192C?)

IF ☐ IS YES AND D IS YES, CODE 3 FOR ITEM 7A (DRUG ABUSE) ON FACE SHEET AND GO TO E.
IF ☐ IS YES AND D IS NO, CODE 2 FOR ITEM 7A (DRUG ABUSE) ON FACE SHEET AND GO TO E.
IF ☐ IS NO, CODE 1 FOR ITEM 7A (DRUG ABUSE) ON FACE SHEET AND GO TO E.

Tolerance or withdrawal

(IS ANY DRUG IN:
Q. 187A 1-4, 6, 7 CODED 3 OR 5
Q. 188A 2-4, 6, 7 CODED 3 OR 5?)

IF E IS YES AND D IS YES, CODE 3 FOR ITEM 7B (DRUG DEPENDENCE) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF E IS YES AND D IS NO, CODE 2 FOR ITEM 7B (DRUG DEPENDENCE) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF E IS NO, CODE 1 FOR ITEM 7B (DRUG DEPENDENCE) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

NO	YES	ITEM
		A
NO	YES	B
NO	YES	C
NO	YES	<input type="checkbox"/>
NO	YES	D
NO	YES	E

8. SCHIZOPHRENIA AND 9. SCHIZOPHRENIFORM

A. Characteristic symptoms:

ITEM

1. Bizarre delusions, such as being controlled, thought broadcasting, thought insertion, thought withdrawal.
..... (IS Q. 121, 122, 123, 124, OR 125 CODED 5?)
2. Delusions with persecutory or jealous content if accompanied by hallucinations of any type.
(IS THERE ANY 5 CODED IN Qs. 118-120?
IF NO, CODE A₂ NO.
IF YES, IS THERE ANY 5 CODED IN Q.129-132?
IF NO, CODE A₂ NO.
IF YES, CODE A₂ YES.)
3. Auditory hallucinations in which either a voice keeps up a running commentary on the individual's behavior or thoughts or two or more voices converse with each other.....(IS Q. 130B OR 130C CODED 5?)
4. Auditory hallucinations on several occasions with content of more than one or two words having no apparent relation to depression or elation...(IS Q. 130A CODED 5?)
5. Incoherence, marked loosening of associations, markedly illogical thinking or marked poverty of content of speech if associated with at least one of the following:
 - (a) Blunted, flat or inappropriate affect
 - (b) Delusions or hallucinations
 - (c) Catatonic or other grossly disorganized behavior
(IS Q.260 OR 261 CODED 5?
IF NO, CODE A₅ NO.
IF YES, IS THERE A 5 IN Q.118-126 OR Q.129-132?
OR Q.262 OR Q.263?
IF NO, CODE A₅ NO.
IF YES, CODE A₅ YES.)

		ITEM
NO	YES	A ₁
NO	YES	A ₂
NO	YES	A ₃
NO	YES	A ₄
NO	YES	A ₅
NO	YES	A ₅

☐ A₅ ARE THERE ANY YESES IN A₁-A₅?

IF ☐ A₅ IS NO, CODE 1 FOR ITEM 8 (SCHIZOPHRENIA) AND ITEM 9 (SCHIZOPHRENIFORM) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF ☐ A₅ IS YES, GO TO B.

B. Deterioration of function (IS Q. 138 OR 139 CODED 5?)

IF YES, CODE B YES AND GO TO C₁
IF NO, GO TO B₁

B₁ Is Interviewer Box U coded 5? (Age recorded in Q. 127 or Q. 133 is less than 12.)

IF YES, CODE B YES AND GO TO C₁
IF NO, CODE 1 FOR ITEM 8 (SCHIZOPHRENIA)
AND ITEM 9 (SCHIZOPHRENIFORM) ON
FACE SHEET AND GO TO NEXT DIAGNOSIS.

Current symptoms.

...(IS Q.143 CODED 5 OR Q.128 CODED 1 OR Q.128A CODED 1-4
OR Q.134 CODED 1-4 OR ANY Q. IN Q.260-263 CODED 5?)

IF YES, CODE C₁ YES.
IF NO, CODE C₁ NO.

The full depressive or manic episode (Criteria A + B of Major Depressive or Manic Episode), if present, developed after any psychotic symptoms or was brief in duration relative to the duration of the psychotic symptoms in A.

D₁ ARE BOTH Q.140 AND Q.140A CODED 1 OR BLANK?

D₂ Look at the Face Sheet. Is Item 2 (Mania) OR
ITEM 3A (MAJOR DEPRESSIVE DISORDER) CODED 2,3,4 OR 5?

D₅ Not Due to Affective Disorder.
IS THERE A NO CODED IN D₁ OR D₂?

IF YES, CODE **D₅** YES.
IF NO, CODE **D₅** NO.

Onset of prodromal or active phase of illness before age 45.
(IS Q.127 CODED 1-44 OR Q.133 CODED 1-44?)

IF YES, CODE E YES
IF NO, GO TO E₁

		ITEM
NO	YES	B
NO	YES	C ₁
NO	YES	D ₁
NO	YES	D ₂
NO	YES	D₅

E₁ IS Q. 127 CODED 45 OR 46?
 IF YES, GO TO E₂.
 IF NO, GO TO E_{1a}

E_{1a} IS Q. 133 CODED 45 OR 46?
 IF YES, GO TO E₂
 IF NO, CODE E NO.

E₂ IS Q. 141A CODED 5?
 IF YES, CODE E YES
 IF NO, GO TO E₃

E₃ IS Q. 142 CODED 5?
 IF YES, CODE E YES.
 IF NO, CODE E NO.

IF E IS CODED YES, GO TO F.
 IF E IS CODED NO, CODE 1 FOR ITEM 8
 (SCHIZOPHRENIA) AND ITEM 9
 (SCHIZOPHRENIFORM) ON FACE SHEET
 AND GO TO NEXT DIAGNOSIS.

Not due to organic brain disorder

LOOK AT CODE FOR ITEM 1 (ORGANIC BRAIN) ON THE FACE SHEET.

IF ITEM 1 IS CODED 3, CODE F NO.
 ALL OTHERS CODE F YES.

Duration 6 months or more of acute or prodromal symptoms
 ... (IS Q.136A CODED 5 OR Q.137 CODED 5 OR Q.141A CODED 5
 OR Q.142 CODED 5?)

IF YES, CODE C₂ YES AND GO TO C_{2a}
 IF NO, CODE C₂ NO, CODE 1 FOR ITEM 8
 (SCHIZOPHRENIA) ON FACE SHEET AND GO TO G.

C_{2a} ARE BOTH ☐ AND F CODED YES?

IF YES AND C₁ IS YES, CODE 3 FOR ITEM 8
 (SCHIZOPHRENIA) ON FACE SHEET AND GO TO G.
 IF YES AND C₁ IS NO, CODE 4 FOR ITEM 8
 (SCHIZOPHRENIA) ON FACE SHEET AND GO TO G.
 IF NO AND C₁ IS YES, CODE 5 FOR ITEM 8
 (SCHIZOPHRENIA) ON FACE SHEET AND GO TO G.
 IF NO AND C₁ IS NO, CODE 6 FOR ITEM 8
 (SCHIZOPHRENIA) ON FACE SHEET AND GO TO G.

ITEM		
NO	YES	E
NO	YES	F
NO	YES	C ₂

G. Is Item 8 (Schizophrenia) coded 3 or 5 on face sheet?

IF YES, CODE 1 FOR ITEM 9 (SCHIZOPHRENIFORM) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF ☐ A_c, B OR E IS CODED NO, CODE 1 FOR ITEM 9 (SCHIZOPHRENIFORM) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
OTHERS GO TO H.

H. Schizophrenic symptoms lasted at least two weeks (IS Q. 137A OR Q. 1368 CODED 5?)

IF NO, CODE 1 FOR ITEM 9 (SCHIZOPHRENIFORM) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF YES, GO TO I.

I. Are both ☐ D_s and F coded Yes?

IF YES AND C₁ IS YES, CODE 3 FOR ITEM 9 (SCHIZOPHRENIFORM) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF YES AND C₁ IS NO, CODE 4 FOR ITEM 9 (SCHIZOPHRENIFORM) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF NO AND C₁ IS YES, CODE 5 FOR ITEM 9 (SCHIZOPHRENIFORM) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF NO AND C₁ IS NO, CODE 6 FOR ITEM 9 (SCHIZOPHRENIFORM) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

		ITEM
NO	YES	G
NO	YES	H
NO	YES	I

10. OBSESSIVE-COMPULSIVE DISORDER

Obsessions or compulsions lasting several weeks,
(recurrent, persistent ideas, thoughts, images,
or impulses which are not voluntarily produced,
which the respondent tries to ignore or suppress).
(IS Q. 1728 OR 1738 OR 177 OR 178 CODED 5?)

IF A IS NO, CODE 1 FOR ITEM 10 (OBSESSIVE
COMPULSIVE) ON FACE SHEET AND GO TO NEXT
DIAGNOSIS.
IF A IS YES, GO TO B.

Obsessions and compulsions not always due to another
mental disorder?

LOOK AT FACE SHEET: IS ITEM 3A (MAJOR
DEPRESSIVE EPISODE) OR ITEM 8 (SCHIZOPHRENIA)
OR ITEM 1 (ORGANIC BRAIN SYNDROME) CODED 3?

IF B IS YES, CODE 5 FOR ITEM 10 (OBSESSIVE
COMPULSIVE) ON FACE SHEET AND GO TO NEXT
DIAGNOSIS.
IF B IS NO, CODE 3 FOR ITEM 10 (OBSESSIVE
COMPULSIVE) ON FACE SHEET AND GO TO
NEXT DIAGNOSIS.

		ITEM
NO	YES	A
NO	YES	B

11. AGORAPHOBIA

Marked and persistent fear of:

1. Tunnels or bridges.....(IS Q. 68b CODED 5?)
2. Being in a crowd.....(IS Q. 68c CODED 5?)
3. Being on public transportation.....(IS Q. 68d CODED 5?)
4. Going out of the house alone.....(IS Q. 68e CODED 5?)
5. Being alone.....(IS Q. 68g CODED 5?)

IF A₁₋₅ ALL NO, CODE 1 FOR ITEM 11,
AGORAPHOBIA, ON FACE SHEET AND GO TO
NEXT DIAGNOSIS.
IF ANY YES IN A₁₋₅, GO TO B.

Look at the face sheet. Is Item 3A (Major Depression)
OR Item 3 (Schizophrenia) OR Item 10 (Obsessive
Compulsive) CODED 3?

IF B IS YES, CODE 5 FOR ITEM 11 (AGORAPHOBIA)
ON FACE SHEET.
IF B IS NO, CODE 3 FOR ITEM 11 (AGORAPHOBIA)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

		ITEM
NO	YES	A ₁
NO	YES	A ₂
NO	YES	A ₃
NO	YES	A ₄
NO	YES	A ₅
NO	YES	B

12. SOCIAL PHOBIA

Marked and persistent fear of:

1. Eating in front of other people.....(IS Q. 68h CODED 5?)
2. Speaking in front of a small group
of people they know.....(IS Q. 68i CODED 5?)
3. Speaking to strangers or meeting new
people.....(IS Q. 68j CODED 5?)

IF A₁₋₃ ARE ALL NO, CODE 1 FOR ITEM 12 (SOCIAL
PHOBIA) ON FACE SHEET AND GO TO NEXT
DIAGNOSIS.
IF ANY YES IN A₁₋₃, GO TO B.

SEE FACE SHEET. Is Item 3A (Major Depression)
coded 3 on face sheet?.....

IF B IS YES, CODE 5 FOR ITEM 12 (SOCIAL PHOBIA)
AND GO TO NEXT DIAGNOSIS.
IF B IS NO, CODE 3 FOR ITEM 12 (SOCIAL PHOBIA)
AND GO TO NEXT DIAGNOSIS.

NO	YES	A ₁
NO	YES	A ₂
NO	YES	A ₃
NO	YES	

13. SIMPLE PHOBIA

1. A persistent irrational fear of:

1. Heights.....(IS Q. 68a CODED 5?)
2. Being in a closed place.....(IS Q. 68f CODED 5?)
3. Storms.....(IS Q. 68k CODED 5?)
4. Being in water.....(IS Q. 68l CODED 5?)
5. Spiders, bugs, mice, snakes, or bats (IS Q. 68m CODED 5?)
6. Being near to other harmless animals or dangerous
ones that can't get to them.....(IS Q. 68n CODED 5?)
7. Any other phobia.....(IS Q. 68o CODED 5?)

		ITEM
NO	YES	A ₁
NO	YES	A ₂
NO	YES	A ₃
NO	YES	A ₄
NO	YES	A ₅
NO	YES	A ₆
NO	YES	A ₇
NO	YES	8

IF A₁₋₇ ARE ALL NO, CODE 1 FOR ITEM 13
(SIMPLE PHOBIA) ON FACE SHEET AND GO TO
NEXT DIAGNOSIS.
IF ANY YES IN A₁₋₇, GO TO 8.

Look at the Face Sheet. Is ITEM 10, Obsessive Compulsive
Disorder or Item 8 (Schizophrenia) coded 3?..

IF B IS YES, CODE 5 FOR ITEM 13 (SIMPLE PHOBIA)
5 ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF B IS NO, CODE 3 FOR ITEM 13 (SIMPLE PHOBIA)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

14. SOMATIZATION DISORDER

A.		ITEM	
		NO	YES
1.	Abdominal pain.....(IS Q. 16 CODED 5?)	NO	YES
2.	Pain in back.....(IS Q. 17 CODED 5?)	NO	YES
3.	Pain in joints.....(IS Q. 18 CODED 5?)	NO	YES
4.	Pain in extremities.....(IS Q. 19 CODED 5?)	NO	YES
5.	Chest pain.....(IS Q. 20 CODED 5?)	NO	YES
6.	Painful menstruation.....(IS Q. 22 CODED 5?)	NO	YES
7.	Pain on urination.....(IS Q. 23 CODED 5?)	NO	YES
8.	Urinary retention or difficulty urinating.....(IS Q. 24 CODED 5?)	NO	YES
9.	Pain in genital area (other than during intercourse).....(IS Q. 25 CODED 5?)	NO	YES
10.	Other pain (not including headaches) (IS Q. 26 CODED 5?)	NO	YES
11.	Vomiting spells (other than during pregnancy).....(IS Q. 27 CODED 5?)	NO	YES
12.	Severe vomiting throughout pregnancy or causing hospitalization during pregnancy ... (IS Q. 28A CODED 5?)	NO	YES
13.	Nausea.....(IS Q. 29 CODED 5?)	NO	YES
14.	Diarrhea.....(IS Q. 30 CODED 5?)	NO	YES
15.	Bloating (gassy).....(IS Q. 31 CODED 5?)	NO	YES
16.	Intolerance (e.g., gets sick) of a variety of foods.....(IS Q. 32 CODED 5?)	NO	YES
17.	Blindness.....(IS Q. 33 CODED 5?)	NO	YES
18.	Blurred vision.....(IS Q. 34 CODED 5?)	NO	YES
19.	Deafness.....(IS Q. 35 CODED 5?)	NO	YES
20.	Trouble walking.....(IS Q. 36 CODED 5?)	NO	YES
21.	Paralysis.....(IS Q. 37 CODED 5?)	NO	YES
22.	Loss of voice.....(IS Q. 38 CODED 5?)	NO	YES
23.	Seizures or convulsions.....(IS Q. 39 CODED 5?)	NO	YES

	ITEM	
24. Fainting.....(IS Q. 40 CODED 5?)	NO	YES A ₂₄
25. Loss of consciousness.....(IS Q. 41 CODED 5?)	NO	YES A ₂₅
26. Memory loss.....(IS Q. 42 CODED 5?)	NO	YES A ₂₆
27. Double vision.....(IS Q. 43 CODED 5?)	NO	YES A ₂₇
28. Shortness of breath.....(IS Q. 44 CODED 5?)	NO	YES A ₂₈
29. Palpitations.....(IS Q. 45 CODED 5?)	NO	YES A ₂₉
30. Dizziness.....(IS Q. 46 CODED 5?)	NO	YES A ₃₀
31. Muscle weakness.....(IS Q. 47 CODED 5?)	NO	YES A ₃₁
32. Difficulty swallowing.....(IS Q. 48 CODED 5?)	NO	YES A ₃₂
33. Respondent reports being sickly for a good part of his/her life.....(IS Q. 49 CODED 5?)	NO	YES A ₃₃
34. Menstrual irregularity.....(IS Q. 50 CODED 5?)	NO	YES A ₃₄
35. Excessive bleeding.....(IS Q. 51 CODED 5?)	NO	YES A ₃₅
36. Sexual indifference.....(IS Q. 210 CODED 5?)	NO	YES A ₃₆
37. Pain during intercourse.....(IS Q. 211 CODED 5?)	NO	YES A ₃₇
38. Lack of pleasure during intercourse (IS Q. 212 CODED 5?)	NO	YES A ₃₈

FOR WOMEN (2 IN Q. 1):

IF 0-13 YESES IN A₁₋₃₈, CODE 1 FOR
ITEM 14 (SOMATIZATION) ON FACE SHEET
AND GO TO NEXT DIAGNOSIS.

IF 14 OR MORE YESES IN A₁₋₃₈, GO TO B.

FOR MEN (1 IN Q. 1):

IF 0-11 YESES IN A₁₋₃₈, CODE 1 FOR
ITEM 14 (SOMATIZATION) ON FACE SHEET
AND GO TO NEXT DIAGNOSIS.

IF 12 OR MORE YESES, GO TO B.

Age of onset below 30.....(IS Q. 59 CODED 1-29?)

NO YES B

IF B IS NO, CODE 1 FOR ITEM 14
(SOMATIZATION DISORDER) ON FACE SHEET
AND GO TO NEXT DIAGNOSIS.

IF B IS YES, CODE 3 FOR ITEM 14
(SOMATIZATION) ON FACE SHEET AND GO
TO NEXT DIAGNOSIS.

15. PANIC DISORDER

- A. Has panic attacks manifested by discrete periods of apprehension or fear.....(IS Q. 62 CODED 5?)

IF A IS NO, CODE 1 FOR ITEM 15 (PANIC DISORDER) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF A IS YES, GO TO B.

- B. Presence of at least 4 of the following symptoms during attacks:

- | | NO | YES | ITEM |
|--|----|-----|-----------------|
| 1. Dyspnea.....(IS Q. 63a CODED 5?) | NO | YES | A |
| 2. Palpitations.....(IS Q. 63b CODED 5?) | NO | YES | B ₁ |
| 3. Dizziness, vertigo, or unsteady feelings
.....(IS Q. 63c CODED 5?) | NO | YES | B ₂ |
| 4. Paresthesias (tingling in hands or feet)
.....(IS Q. 63d CODED 5?) | NO | YES | B ₃ |
| 5. Chest pains or discomfort.....(IS Q. 63e CODED 5?) | NO | YES | B ₄ |
| 6. Choking or smothering sensations....(IS Q. 63f CODED 5?) | NO | YES | B ₅ |
| 7. Faintness.....(IS Q. 63g CODED 5?) | NO | YES | B ₆ |
| 8. Sweating.....(IS Q. 63h CODED 5?) | NO | YES | B ₇ |
| 9. Trembling or shaking.....(IS Q. 63i CODED 5?) | NO | YES | B ₈ |
| 10. Hot and cold flashes.....(IS Q. 63j CODED 5?) | NO | YES | B ₉ |
| 11. Feelings of unreality.....(IS Q. 63k CODED 5?) | NO | YES | B ₁₀ |
| 12. Fear of dying, going crazy, or doing something
uncontrolled during an attack.....(IS Q. 63l CODED 5?) | NO | YES | B ₁₁ |

B₅ Are there 4 or more Yeses in B₁₋₁₂?

IF **B₅** IS NO, CODE 1 FOR ITEM 15 (PANIC DISORDER) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF **B₅** IS YES, GO TO C.

At least 3 panic attacks within a 3-week period
.....(IS Q. 65 CODED 5?)

IF C IS NO, CODE 1 FOR ITEM 15 (PANIC DISORDER) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF C IS YES, GO TO D.

ITEM		
NO	YES	A
NO	YES	B ₁
NO	YES	B ₂
NO	YES	B ₃
NO	YES	B ₄
NO	YES	B ₅
NO	YES	B ₆
NO	YES	B ₇
NO	YES	B ₈
NO	YES	B ₉
NO	YES	B ₁₀
NO	YES	B ₁₁
NO	YES	B ₁₂
NO	YES	B₅
NO	YES	C

D. Panic attacks always due to another mental disorder?

(LOOK AT FACE SHEET. IS ITEM 11 (AGORAPHOBIA)
OR ITEM 14 (SOMATIZATION) OR ITEM 3A (MAJOR
DEPRESSION) CODED 3?)

IF D IS YES, CODE 5 FOR ITEM 15 (PANIC
DISORDER) ON FACE SHEET AND GO TO
NEXT DIAGNOSIS.

IF D IS NO, CODE 3 FOR ITEM 15 (PANIC
DISORDER) ON FACE SHEET AND GO TO
NEXT DIAGNOSIS.

ITEM		
NO	YES	D

16. AGORAPHOBIA WITH PANIC ATTACKS

A. Look at Face Sheet, Item 11 (Agoraphobia)

1. Is item 11 on face sheet coded 3?

IF YES, GO TO B.
IF NO, GO TO A₂.

2. IS ITEM 11 ON FACE SHEET CODED 5?

IF YES, GO TO B.
IF NO, CODE 1 FOR ITEM 16 (AGORAPHOBIA
WITH PANIC ATTACK) ON FACE SHEET AND
GO TO NEXT DIAGNOSIS.

B. Look at Panic Disorder, p. 22 (Handscore).

Is B₅ on p. 24 coded yes?

IF YES AND A₁ IS YES, CODE 3 FOR ITEM
16 (AGORAPHOBIA WITH PANIC ATTACKS)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS
IF YES AND A₂ IS YES, CODE 5 FOR ITEM
16 (AGORAPHOBIA WITH PANIC ATTACKS)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF NO, CODE 1 FOR ITEM 16 (AGORAPHOBIA
WITH PANIC ATTACKS) ON FACE SHEET AND
GO TO NEXT DIAGNOSIS.

		ITEM
NO	YES	A ₁
NO	YES	A ₂
NO	YES	B

17. ANTISOCIAL PERSONALITY DISORDER

A. Age 18 years or older.....(IS Q. 2 CODED 18-98?)

IF A IS NO, CODE 1 FOR ITEM 17 (ANTISOCIAL PERSONALITY DISORDER) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF A IS YES, GO TO B.

8. Three or more of the following behavior problems before the age of 15:

1. School grades markedly below expectations in relation to estimated or known I.Q.....(IS Q.197B CODED 1-14?)
2. Expulsion or suspension from school for misbehavior.....(IS Q. 199A CODED 1-14?)
3. Truancy (positive if at least five days per year for at least two years, not including the last year of school (IS Q.200B CODED 5?))

IF NO, CODE B₃ = NO
IF YES, IS Q. 200C CODED 1-14?
IF NO, CODE B₃ = NO.
IF YES, CODE B₃ = YES.

4. Initiation of fights

(IS Q. 201B CODED 5?)
IF YES AND Q.201C IS CODED 1-14,
CODE B₄ YES AND GO TO B₅.
IF NO, GO TO B_{4a}.

B_{4a} IS Q. 202B CODED 5?
IF YES, AND Q.202C IS CODED 1-14,
CODE B₄ YES AND GO TO B₅.
IF NO, GO TO B_{4b}.

B_{4b} IS Q. 202E CODED 5?
IF YES, CODE B₄ YES AND GO TO B₅.
IF NO, CODE B₄ NO AND GO TO B₅.

5. Running away from home overnight at least twice while living in parental or parental surrogate home
.....(IS Q. 203A CODED 5 AND Q. 203B CODED 1-14?)

6. Persistent lying.....(IS Q. 204A CODED 1-14?)

7. Thefts.....(IS Q. 205A CODED 1-14?)

8. Vandalism.....(IS Q. 206A CODED 1-14?)

		ITEM
NO	YES	A
NO	YES	B ₁
NO	YES	B ₂
NO	YES	B ₃
NO	YES	B ₄
NO	YES	B ₅
NO	YES	B ₆
NO	YES	B ₇
NO	YES	B ₈

	ITEM		
9. Delinquency.....(IS Q. 207A CODED 1-14?)	NO	YES	B ₉
10. Repeated drunkenness or substance abuse .....(IS Q. 1498 CODED 5 OR Q. 182B CODED 5?)	NO	YES	B ₁₀
11. Chronic violations of rules at school (other than truancy).....(IS Q. 198A CODED 1-14?)	NO	YES	B ₁₁
12. Sexual intercourse.....(IS Q. S3 CODED 1-14?)	NO	YES	B ₁₂
<div>B₅</div> Are there 3 or more Yeses in B ₁₋₁₂ ?	NO	YES	<div>B₅</div>

IF **B₅** IS NO, CODE 1 FOR ITEM 17 (ANTI-SOCIAL PERSONALITY) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

IF **B₅** IS YES, GO TO C.

C. At least 4 of the following since age 18:

1. Failure to accept social norms with respect to lawful behavior. ... (IS Q. 208A OR Q. 208B OR S21 OR S22 OR S23 CODED 5?)	NO	YES	C ₁
2. Failure to honor financial obligations (IS Q.S24A CODED 5?)	NO	YES	C ₂
3. Inability to maintain enduring attachment to a sexual partner.....IS Q. 8 CODED 2-97 OR IS Q.10 OR Q.13 OR Q.214 OR Q. S20 CODED 5?)	NO	YES	C ₃
IF YES, CODE C ₃ YES AND GO TO C ₄ . IF NO, GO TO C _{3a} .			
C _{3a} IS Q. 10 CODED 1? IF NO, GO TO C _{3b} . IF YES, IS Q. 8 OR Q. 13 CODED 1? IF YES, CODE C ₃ YES AND GO TO C ₄			
C _{3b} ARE BOTH 8 AND 13 CODED 1? IF YES, CODE C ₃ = YES AND GO TO C ₄ . IF NO, GO TO C ₄ .			
4. Irritability and aggressiveness as indicated by repeated physical fights or assaults including spouse or child .....(IS Q. 215B OR Q. 216 OR Q. 217 CODED 5?)	NO	YES	C ₄

5. Inability to sustain consistent work behavior.
.....(IS Q. 219 OR Q. 221 OR Q.222 OR Q. 223E CODED 5?)
6. Disregard for the truth as indicated by repeated lying,
use of alias.....(IS Q. 224 OR Q. 225 CODED 5?)
7. Failure to plan ahead or impulsivity.
.....(IS Q. 226 OR Q. 227 CODED 5?)
8. Lack of ability to function as a responsible parent.
.....(IS Q. 228 OR Q. 229 OR Q. 230 OR Q. 231 CODED 5?)
9. Recklessness, as indicated by driving while intoxicated
or recurrent speeding.....(IS Q. 162 OR Q. 209 CODED 5?)

☐ C₅ Are there 4 or more yeses in C₁₋₉?

IF NO, CODE 1 FOR ITEM 17 (ANTISOCIAL
PERSONALITY DISORDER) ON FACE SHEET
AND GO TO NEXT DIAGNOSIS.
IF YES, GO TO D.

- D. Symptoms between 18 and 25 OR respondent under 26.
(Is INT BOX MM CODED 5 OR Q. 233 OR Q. 233A CODED 5?)

IF D IS NO, CODE 1 FOR ITEM 17
(ANTISOCIAL PERSONALITY) ON FACE SHEET
AND GO TO NEXT DIAGNOSIS.
IF D IS YES, GO TO E.

- E. Was antisocial behavior always due to another disorder?

IF ITEM 2 (MANIA) OR ITEM 8 (SCHIZOPHRENIA)
IS CODED 3 ON FACE SHEET, CODE 5 FOR ITEM
17 (ANTISOCIAL PERSONALITY) ON FACE
SHEET AND GO TO NEXT DIAGNOSIS.
OTHERS: CODE 3 FOR ITEM 17 (ANTISOCIAL
PERSONALITY) ON FACE SHEET AND GO TO NEXT
DIAGNOSIS.

		ITEM
NO	YES	C ₅
NO	YES	C ₆
NO	YES	C ₇
NO	YES	C ₈
NO	YES	C ₉
NO	YES	<input type="checkbox"/> C ₅
NO	YES	D

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18. ANOREXIA NERVOSA

FOR MALES (1 in Q. 1) (IS Q.145A BLANK OR 125 OR MORE?)

IF YES, CODE 1 FOR ITEM 18 (ANOREXIA NERVOSA)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF NO, GO TO 8.

FOR FEMALES (2 in Q. 1) (IS Q.145A BLANK OR 110 OR MORE?)

IF YES, CODE 1 FOR ITEM 18 (ANOREXIA NERVOSA)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF NO, GO TO 8.

WEIGHT LOSS BELOW 75% OF NORMAL WEIGHT

HEIGHT IN Q. 145B		WEIGHT (LBS) 75% OF NORMAL FOR THAT HEIGHT	
Feet	Inches	MEN	WOMEN
4	08	081	074
4	09	083	076
4	10	085	079
4	11	087	080
5	00	089	081
5	01	091	083
5	02	093	086
5	03	095	088
5	04	097	090
5	05	100	092
5	06	103	095
5	07	106	098
5	08	109	101
5	09	112	104
5	10	115	107
5	11	118	110
6	00	121	113
6	01	124	116
6	02	127	-
6	03 or taller	130	-

Write height in Q. 145B on chart above. Look at weight in 145A.

(IS Q.145A greater than Wt. in above chart opposite height
in 145B for person of that sex?)

IF 8 IS YES, CODE 1 FOR ITEM 18 (ANOREXIA
NERVOSA) ON FACE SHEET AND GO TO NEXT
DIAGNOSIS.
IF 8 IS NO, GO TO C.

		ITEM
NO	YES	A (Male)
NO	YES	A (Female)
NO	YES	8

		ITEM_
NO	YES	C

NO	YES	C
NO	YES	D

NO	YES	D
----	-----	---

IF D IS NO, CODE 1 FOR ITEM 18 (ANOREXIA
NERVOSA) ON FACE SHEET AND GO TO
NEXT DIAGNOSIS.
IF D IS YES, CODE 3 FOR ITEM 18 (ANOREXIA
NERVOSA) ON FACE SHEET AND GO TO
NEXT DIAGNOSIS.

19. TOBACCO DEPENDENCE

Continuous use of tobacco for at least one month
.....(IS Q. 15 CODED 5?)

IF Q. 15 IS NO, CODE 1 FOR ITEM 19
(TOBACCO DEPENDENCE) ON FACE SHEET
AND GO TO NEXT DIAGNOSIS.
IF Q. 15 IS YES, GO TO 8.

At least one of the following:

1. Serious attempts to stop or significantly reduce the amount of tobacco use on a permanent basis have been unsuccessful.....(IS Q. 15C CODED 5?)
IF NO, CODE B₁ NO.
IF YES, AND Q.15F IS CODED 1 OR 2 CODE B₁ YES.
OTHERS CODE B₁ NO.

IF B₁ IS YES, CODE 3 FOR ITEM 19 (TOBACCO
DEPENDENCE) ON FACE SHEET AND GO TO
NEXT DIAGNOSIS.
IF B₁ IS NO, GO TO B₂.

2. The individual continues to use tobacco despite serious physical disorder that he or she knows is exacerbated by tobacco use.....(IS 15B CODED 5?)

IF B₂ IS YES, CODE 3 FOR ITEM 19 (TOBACCO
DEPENDENCE) ON FACE SHEET AND GO TO NEXT
DIAGNOSIS.
IF B₂ IS NO, GO TO B₃.

3. Attempts to stop smoking have led to at least 4 of the following withdrawal symptoms:

- a) Craving for tobacco.....(IS Q.150₁ CODED 5?)
- b) Irritability.....(IS Q. 150₂ CODED 5?)
- c) Anxiety (nervous).....(IS Q. 150₃ CODED 5?)
- d) Restlessness.....(IS Q. 150₄ CODED 5?)
- e) Difficulty concentrating.....(IS Q. 150₅ CODED 5?)
- f) Headache.....(IS Q. 150₆ CODED 5?)
- g) Drowsiness.....(IS Q. 150₇ CODED 5?)
- h) Gastrointestinal disturbance....(IS Q. 150₈ CODED 5?)

IF 4 OR MORE YESES IN B_{3a-h}, CODE 3 FOR ITEM 19 (TOBACCO DEPENDENCE) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

IF LESS THAN 4 YESES IN B_{3a-h}, CODE 1 FOR ITEM 19 (TOBACCO DEPENDENCE) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

[illegible]

20. PATHOLOGICAL GAMBLING

1. Has individual ever been chronically and progressively unable to resist impulses to gamble?.....(IS Q. 235A CODED 5?)

IF A IS NO, CODE 1 FOR ITEM 20, PATHOLOGICAL GAMBLING ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF A IS YES, GO TO B.

3. Gambling compromises, disrupts, or damages family, personal, and vocational pursuits as indicated by at least 3 of the following:

1. Default on debts or other financial responsibilities.....(IS Q. 235B CODED 5?)
2. Disrupted family or spouse relationships due to gambling or loss of work due to absenteeism in order to pursue gambling activity.....(IS Q. 235C CODED 5?)
3. Necessity for another person to provide money to relieve a desperate financial situation.....(IS Q. 235D CODED 5?)

IF 2 OR MORE NOS IN B₁-B₃, CODE 1 FOR ITEM 20 (PATHOLOGICAL GAMBLING) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
OTHERS GO TO C.

- C. Is gambling due to antisocial personality disorder? (IS ITEM 17 (ANTISOCIAL PERSONALITY) CODED 3 ON FACE SHEET?)

IF C IS NO, CODE 3 FOR ITEM 20 (PATHOLOGICAL GAMBLING) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF C IS YES, CODE 5 FOR ITEM 20, (PATHOLOGICAL GAMBLING) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

		ITEM
NO	YES	A
NO	YES	B ₁
NO	YES	B ₂
NO	YES	B ₃
NO	YES	C

21. PSYCHOSEXUAL DYSFUNCTION

	ITEM	
A. Persistent inhibited sexual desire.....(IS Q. 210 CODED 5?)	NO	YES A
B. Functional dyspareunia.....(IS Q. 211 CODED 5?)	NO	YES B
C. Persistent inhibition of sexual excitement .....(IS Q. 212 CODED 5?)	NO	YES C
D. Inhibited orgasm.....(IS Q. S2 CODED 5?)	NO	YES D
E. Impotence in men.....(IS Q. 213 CODED 5?)	NO	YES E

IF A-E ALL NO, CODE 1 FOR ITEM 21
(PSYCHOSEXUAL DYSFUNCTION) ON FACE
SHEET AND GO TO NEXT DIAGNOSIS.
IF ANY YES IN A-E, GO TO F.

F. Was psychosexual dysfunction due to depression?

LOOK AT FACE SHEET. IF ITEM 3A (MAJOR
DEPRESSION) IS CODED 3, CODE 5 FOR ITEM.
21 (PSYCHOSEXUAL DYSFUNCTION) AND GO
TO NEXT DIAGNOSIS.
OTHERS CODE 3 FOR ITEM 21 (PSYCHOSEXUAL
DYSFUNCTION) AND GO TO NEXT DIAGNOSIS.

22. TRANSSEXUALISM

- A. Sense of discomfort and inappropriateness about one's anatomic sex.....(IS Q. S4 CODED 5?)

IF A IS NO, CODE 1 FOR ITEM 22 (TRANSSEXUALISM)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF A IS YES, GO TO B.

- B. Wish to be rid of one's own genitals and to live as a member of the other sex (IS Q. S6 OR Q. S6A OR Q. S7 CODED 5?)

IF B IS NO, CODE 1 FOR ITEM 22 (TRANSSEXUALISM)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF B IS YES, GO TO C.

- C. 1. Have there been symptoms this year?
(IS Q. S10 = 1 OR Q. S10A = 1-4?)

IF NO, GO TO C3.
IF YES, GO TO C2.

2. Did the first symptoms appear 2 years ago or longer
(IS Q. 2 MINUS Q. S5 = 2 OR MORE?)

IF NO, CODE 1 FOR ITEM 22 (TRANSSEXUALISM)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF YES, GO TO D.

3. Did onset occur at least two years before last symptom?
(IS Q. S10B MINUS Q. S5 = 2 OR MORE?)

IF NO, CODE 1 FOR ITEM 22 (TRANSSEXUALISM)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF YES, GO TO D.

- D. Is Transsexualism Associated With Schizophrenia?
LOOK AT FACE SHEET. IS ITEM 8 (SCHIZOPHRENIA) CODED 3?

IF D IS YES, CODE 5 FOR ITEM 22 (TRANSSEXUALISM)
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF D IS NO, CODE 3 FOR ITEM 22 (TRANSSEXUALISM)
AND GO TO NEXT DIAGNOSIS.

		ITEM
NO	YES	A
NO	YES	B
NO	YES	C ₁
NO	YES	C ₂
NO	YES	C ₃
NO	YES	D

23. EGO-DYSTONIC HOMOSEXUALITY

1. The individual complains that heterosexual arousal is persistently absent or weak and significantly interferes with initiating or maintaining wanted heterosexual relationships.....(IS Q. S14 CODED 3 OR 5?)

IF A IS NO, CODE 1 FOR ITEM 23 (EGO-DYSTONIC HOMOSEXUALITY) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF A IS YES, GO TO B.

2. There is a sustained pattern of homosexual arousal that the individual explicitly states has been unwanted and a persistent source of distress.....(IS Q. S18 CODED 5?)

IF B IS NO, CODE 1 FOR ITEM 23 (EGO-DYSTONIC HOMOSEXUALITY) AND GO TO NEXT DIAGNOSIS.
IF B IS YES, CODE 3 FOR ITEM 23 (EGO-DYSTONIC HOMOSEXUALITY) ON FACE SHEET AND GO TO NEXT DIAGNOSIS.

		ITEM
NO	YES	A
NO	YES	B

Recency: Leave blank if diagnosis is coded 1 on face sheet.
Code as instructed below if diagnosis is not coded
1 on face sheet.

ITEM
#

1. No Recency code is provided for Organic Brain Syndrome because only current status is assessed.
2. (Mania) Is either Q. 115 or 115A coded 1?
IF YES, enter 1 into Recency column for item 2.
IF NO, copy code in Q. 115A into Recency column for item 2.
- 3A, 3B, 3C, and 3D. (Major Depressive Episode, Major Depression-Single Episode, Major Depression-Recurrent, and Grief Reaction)

Is either Q. 97 or 97A coded 1?
IF YES, enter 1 into Recency column for item 3A,3B,3C or 3D.
IF NO, copy code in Q. 97A into Recency column for item 3A,3B,3C or 3D.
4. (Dysthymic Disorder) No Recency assessment is available for Dysthymic Disorder.
5. (Atypical Bipolar Disorder) Is either Q. 97 or 97A coded 1?
IF YES, enter 1 into Recency column for item 5.
IF NO, copy code in Q. 97A into Recency column for item 5.
- 6A and 6B. (Alcohol Abuse & Dependence) Copy code in Q. 171A into Recency column for item 6A and/or item 6B unless Q. 171A = 6.
Code 6 as 5 in Recency column.
- 7A and 7B. (Drug Abuse & Dependence) Copy code in Q. 194 into Recency column for item 7A and/or item 7B unless Q. 194 = 6.
Code 6 as 5 in Recency column.
- 8 and 9. (Schizophrenia & Schizophreniform) Are any 5's coded in Qs. 260-263?
IF YES, enter 1 into Recency column.
IF NO AND Q. 128 is coded 1, enter 1 into Recency column.
IF NO AND Q. 128 is not coded 1, copy the lower number coded in Q. 128A and Q. 134 into Recency column.
10. (Obsessive Compulsive) Copy the lower number coded in Q. 175 and Q. 180 into Recency column.
- 11, 12 and 13. (Phobias) Copy code in Q. 70 into Recency column.
(Note: If more than 1 of these 3 items is diagnosed, it is not certain to which the Recency applies.)
14. (Somatization) Copy code in Q. 60 into Recency column.
15. (Panic) Copy code in Q. 67 into Recency column.

Recency: Leave blank if diagnosis is coded 1 on face sheet.
Code as instructed below if diagnosis is not coded
1 on face sheet.

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ITEM

16. (Agoraphobia with Panic Attacks) Copy Recency code for item 11
(Agoraphobia) into Recency column for item 16.
17. (Antisocial Personality) Copy code in Q. 234 into Recency column unless
Q. 234 = 6. Code 6 as 5 in Recency column.
18. (Anorexia Nervosa) No Recency assessment is available for item 18.
19. (Tobacco Dependence) Copy code in Q. 15F into Recency column.
20. (Pathological Gambling) Copy code in Q. 237 into Recency column unless
Q. 237 = 6. Code 6 as 5 in Recency column.
21. (Psychosexual Dysfunction) No Recency assessment is available for
item 21.
22. (Transexualism) Copy code in Q. S10A into Recency column.
23. (Egodystonic Homosexuality) Copy code in Q. S17A into Recency column
unless Q. S17A = 6. Code 6 as 5 in Recency column.

Recency codes:

- | |
|------------------------------------|
| 1=Within last two weeks or current |
| 2=Within last month |
| 3=Within last 6 months |
| 4=Within last year |
| 5=More than 1 year ago |

24. GENERALIZED ANXIETY

		ITEM	
NO	YES	A	
Age 18 years or older. (IS Q. 2 CODED 18-99?) <div style="border: 1px solid black; padding: 5px;"> IF NO, CODE 1 FOR ITEM 24 (GENERALIZED ANXIETY) ON FACE SHEET AND GO TO NEXT DIAGNOSIS. IF YES, GO TO B. </div>			
Anxious mood has been continuous for at least 1 month. (IS Q. 67.1 CODED 5?) <div style="border: 1px solid black; padding: 5px;"> IF NO, CODE 1 FOR ITEM 24 (GENERALIZED ANXIETY) ON FACE SHEET AND GO TO NEXT DIAGNOSIS. IF YES, GO TO C. </div>		NO	YES B
Generalized, persistent anxiety is manifested by the following symptoms: 1) Motor tension (IS ANY Q. FROM Q. 67.1A-H CODED 5?) 2) Vigilance and scanning (IS ANY Q. FROM Q. 67.1I-K CODED 5?) 3) Autonomic Hyperactivity: (IS ANY Q. FROM Q. 67.1L-V CODED 5?)		NO	YES C ₁
		NO	YES C ₂
		NO	YES C ₃
<div style="border: 1px solid black; padding: 5px;"> C₅ ARE THERE 3 YESES CODED III C₁-3? </div> <div style="border: 1px solid black; padding: 5px;"> IF NO, CODE 1 FOR ITEM 24 (GENERALIZED ANXIETY) 1 ON FACE SHEET AND GO TO NEXT DIAGNOSIS. IF YES, GO TO D. </div>		NO	YES C ₅
Look at face sheet. Is Item 3A, major depressive episode, or Item 8, schizophrenia, coded 3 on face sheet? <div style="border: 1px solid black; padding: 5px;"> IF YES, CODE 5 FOR ITEM 24 (GENERALIZED ANXIETY) ON FACE SHEET AND GO TO NEXT DIAGNOSIS. IF NO, CODE 3 FOR ITEM 24 (GENERALIZED ANXIETY) ON FACE SHEET AND GO TO NEXT DIAGNOSIS. </div>		NO	YES D

Recency

COPY CODE IN Q. 67.1 REC INTO RECENCY COLUMN FOR GENERALIZED ANXIETY ON FACE SHEET UNLESS 67.1 REC IS 5 OR 6. CODE 5 AS 4 AND 6 AS 5 IN RECENCY COLUMN.

26. BULIMIA

Recurrent Binge Eating

(Is Q. B1A coded 5?)

IF YES, CODE YES FOR A AND GO TO B.
 IF NO, CODE 1 FOR BULIMIA ON FACE SHEET
 AND GO TO NEXT DIAGNOSIS.

Are at least 3 of the following symptoms present:

1. High-caloric ingestion.....(IS Q. B2 CODED 5?)
2. Inconspicuous eating.....(IS Q. B3 CODED 5?)
3. Difficulty terminating eating episodes.
 (IS Q. B5 OR Q. B6 CODED 5?)

4. Repeated attempts to lose weight.

(IS MORE THAN ONE OF Qs. B12, B13, B14 AND B15 CODED 5?)

IF YES, CODE YES FOR B₄ AND GO TO B₅.
 IF NO, IS Q. B12A OR Q. B13A OR Q. B14A OR
 Q. B15A CODED 2 OR 5?
 IF YES, CODE YES FOR B₄ AND GO TO B₅
 IF NO, CODE B₄ NO AND GO TO B₅.

5. Frequent weight fluctuations greater than 10 pounds
 due to alternating binges and fasts.

(IS Q. B10A OR Q. B11A CODED 5 OR ARE BOTH Q. B10A
AND Q. B11A CODED 2?)

B₅ ARE THERE 3 YESSES CODED ABOVE IN B₁-B₅?

IF NO, CODE 1 FOR BULIMIA ON FACE
 SHEET AND GO TO NEXT DIAGNOSIS.
 IF YES, GO TO C.

Awareness that the eating pattern is abnormal and fear
of not being able to stop eating.

(IS Q. B4 CODED 5?)

Depressed and self-depreciating thoughts following
eating binges.

(ARE BOTH Q. B7 AND Q. B8 CODED 5?)

ITEM

NO	YES	ITEM
		A
NO	YES	B ₁
NO	YES	B ₂
NO	YES	B ₃
NO	YES	B ₄
NO	YES	B ₅
NO	YES	B₅
NO	YES	B₅
NO	YES	C
NO	YES	D

Are A B5 C D all yes?

Not due to Anorexia Nervosa

Look at Face Sheet. IS ANOREXIA NERVOSA CODED 3?

if all are yes

ask E

if no code Bulimia 1

NO YES E

IF YES, CODE BULIMIA 5 ON FACE SHEET AND
GO TO NEXT DIAGNOSIS.
IF NO, CODE BULIMIA 3 ON FACE SHEET AND
GO TO NEXT DIAGNOSIS.

Recency

COPY CODE IN Q. B15 REC INTO REGENCY FOR BULIMIA ON FACE SHEET UNLESS
B15 REC IS 5 OR 6. CODE 5 AS 4 AND CODE 6 AS 5 IN REGENCY COLUMN.

7/5/84

POST TRAUMATIC STRESS DISORDER -- Handscoring

Reexperiencing of the trauma.

1. Is there a 5 coded in Q. PT35A or PT35B for a traumatic experience?
2. List below the number(s) (1-18) of the traumatic experiences which have a 5 coded in either Q. PT35A or PT35B.

NO YES

IF NO TRAUMATIC EXPERIENCES LISTED, CODE
1 FOR POST TRAUMATIC STRESS SYNDROME
ON FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF ANY TRAUMATIC EXPERIENCE IS ENTERED
IN A₂, GO TO B.

Numbing of responsiveness to or reduced involvement with
the external world beginning after the trauma.

For each traumatic experience listed above in A₂ copy into
B below those which have a 5 coded in Q. PT36.

IF NO TRAUMATIC EXPERIENCES ARE LISTED IN
B, CODE 1 FOR POST TRAUMATIC STRESS
SYNDROME ON FACE SHEET AND GO TO NEXT
DIAGNOSIS.
IF ANY TRAUMATIC SYNDROME IS LISTED IN B,
GO TO C.

PTSD

For traumatic experience(s) listed above in B copy into C those which have at least two 5's coded in Q. PT35-42 for a single traumatic experience.

IF NO TRAUMATIC EXPERIENCES LISTED IN C,
CODE 1 FOR POST TRAUMATIC STRESS
SYNDROME ON FACE SHEET AND GO TO NEXT
DIAGNOSIS.
IF ANY TRAUMATIC EXPERIENCE IS LISTED IN
C, GO TO D.

Severity

For each traumatic experience listed in C copy into D those traumatic experiences in which a 5 is coded in Col. I-IV in Q. PT43.

Were any traumatic experiences entered on the lines above in D? NO YES

IF YES, CODE POST TRAUMATIC SYNDROME 3 ON
FACE SHEET AND GO TO NEXT DIAGNOSIS.
IF NO, CODE POST TRAUMATIC SYNDROME 2 ON
FACE SHEET AND GO TO NEXT DIAGNOSIS.

Recency - look at traumatic experiences listed above in item D.

Copy the smallest number coded in Q. PT47 for any of the traumatic experiences listed in item D above on the face sheet for Recency.